2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000077019 1. Entity Name				FILED	
SOLÓMON HEALTHCARE SERVICES INC.				07 APR 30 PM 4: 11	
Principal Place of Business Mailing Address			SO BE THE	U/ A/ // SO	OF CIVIE
Principal Place of Business Mailing Add 114 ARDEN RD 114 ARDE				SECRETARY TALLAHASSE	OF STATE CELFLORI DA
TALLAHASSEE, FL 32305 TALLAHA		L 32305		184 m Million	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	-			
					166 166 166 166 1
Suite, Apt. #, etc. Suite, A _i		<u> </u>		04302007 Chg-P	CR2E034 (12/06) 0
City & State City & State				17 7 79 22 5 9	Applied For Not Applicable
Zip Country	Zip	Country		5. Certificate of Status Desired	□ \$8.75 Additional
6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and Address of New	Fee Required Registered Agent
SOLOMON, VETTIEANN P			Name		
114 ARDEN RD			Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE, FL 32305					
			City		FL Zip Code
The above named entity submits this statement the obligations of registered agent.	or the purpose of changii	ng its register	red office or registe	ered agent, or both, in the State of	Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				d when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00	9. Election Ca	ampaign Fina Contribution		.00 May Be	
Aite may 1, 2007 fee will be \$550.00					CELOCEDO ANIO DIDEOTODO IN 44
10. OFFICERS AND	Delete Delete	11. TITI		ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 11 Change Addition
NAME SOLOMON, VETTIEANN P STREET ADDRESS 114 ARDEN RD		AAA ara	ME REET ADDRESS		
CITY-SI-ZIP TALLAHASSEE, FL 32305			Y-ST-ZIP		
TITLE T NAME SOLOMON, JOHN	☐ Delete	TITI NAI			☐ Change ☐ Addition
STREET ADDRESS 114 ARDEN RD		STF	REET ADDRESS		:
CITY-ST-ZIP TALLAHASSEE, FL 32305	☐ Delete	CIT	Y-ST-ZIP		Change Addition
NAME	Li Delete	NA	I	200102	
STREET ADDRESS CITY-S1-ZIP			REET ADDRESS Y-ST-ZIP	05/11/07010	2211562 113023 **150.00
TITLE	Delete	TIT	I		☐ Change ☐ Addition
NAME STREET ADDRESS		nai Stf	ME REET ADDRESS		
CITY-ST-ZIP			Y-ST-ZIP		
TITLE NAME	☐ Delete	TIT NAI			☐ Change ☐ Addition
STREET ADDRESS			REET ADDRESS Y-ST-ZIP		
CITY-ST-ZIP	Delete Delete				☐ Change ☐ Addition
NAME	55510	NA			
STREET ADDRESS CITY-ST-ZIP		CIT	REET ADDRESS Y-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature steep have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or twistee empowered to execute this empire as required for Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
or the corporation or the receiver or trustee empowered to execute this report as requireer by changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Attion 1. Johnnon 4/30/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICED OR DIRECTOR Dale Daytime Phone					