

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000090126

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** EASY HEALTH SOLUTIONS CORP.

**Current Principal Place of Business:**

8201 NW 66TH STREET  
STE # 8  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8201 NW 66TH STREET  
STE # 8  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 20-5174842      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOLINA, JESUS  
1820 SW 85TH CT  
MIAMI, FL 33155      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MOLINA, JESUS  
**Address:** 1820 SW 85TH CT  
**City-St-Zip:** MIAMI, FL 33155

**Title:** VP  
**Name:** MOLINA, IDELIA  
**Address:** 1820 SW 85TH CT  
**City-St-Zip:** MIAMI, FL 33155

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JESUS MOLINA

PD

04/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date