2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# P06000105687

Entity Name: HEALTH SOLUTIONS MEDICAL SERVICES, INC.

Current Principal Place of Business:

127 NW 32 PL
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 720695
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-5383807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAST, LOUIS F
4805 NW 79 AVENUE #9
DORAL, FL 33166 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: BAILON, JORGE
Address: 15760 SW 69 LANE
City-St-Zip: MIAMI, FL 33193

Title: D ( ) Delete
Name: BAILON, JORGE
Address: 15760 SW 69 LANE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JORGE BAILON DR 01/07/2009
Electronic Signature of Signing Officer or Director Date