

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000086002

Entity Name: RNV HEALTH SOLUTIONS, INC

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

16483 SW 56 TERR  
MIAMI, FL 33193

**New Principal Place of Business:**

**Current Mailing Address:**

16483 SW 56 TERR  
MIAMI, FL 33193

**New Mailing Address:**

FEI Number: 27-1148667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VEGA, ROBERT  
16483 SW 56 TERR  
MIAMI, FL 33193 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: CEO  
Name: VEGA, ROBERT  
Address: 16483 SW 56 TERR  
City-St-Zip: MIAMI, FL 33193

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: ROBERT VEGA

CEO

02/18/2010

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

\_\_\_\_\_  
Date