

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000035445

**FILED**  
**Jun 23, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA HEALTH SOLUTION CENTER INC

**Current Principal Place of Business:**

7350 NW 7 ST  
204  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

7350 NW 7 ST  
204  
MIAMI, FL 33126 US

**New Mailing Address:**

**FEI Number:** 27-2429265      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SOCORRO, MARCOS JR  
7350 NW 7 ST  
204  
MIAMI, FL 33126 US

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

SOCORRO, MARCOS  
7350 NW 7 ST  
204  
MIAMI, FL 33126 US

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: MARCOS SOCORRO

Electronic Signature of Registered Agent

06/23/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SOCORRO, MARCOS  
Address: 7350 NW 7 ST SUITE 204  
City-St-Zip: MIAMI, FL 33126 US

Title: VP  
Name: SOCORRO, ROSA M  
Address: 7350 NW 7 TH ST # 204  
City-St-Zip: MIAMI, FL 33126 US

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: MARCOS SOCORRO

Electronic Signature of Signing Officer or Director

P

06/23/2011

Date