FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000070954 (0)**

1. Corporation Name
HEALTH SOLUTIONS, INC.

Principal Place of Business	Mailing Address
14245 S.W. 111TH LANE MIAMI FL 33186-7024	14245 S.W. 111TH LANE MIAMI FL 33186-7024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/27/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 P.O. Box 161671
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip / Country
29 33116-1671 / 30 USA

4. FEI Number: 65-0531430 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARPENTIERN, LUISA F
14245 S.W. 111TH LANE
MIAMI FL 33186-7024

10. Name and Address of New Registered Agent

81 Name: Carpentieri, Luisa F.
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/T/D	☒ Change ☐ Addition
NAME	CARPENTIERI, LUISA F	12 NAME		
STREET ADDRESS	14245 S.W. 111TH LANE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186-7024	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	Resigned effective 10/17/94	☒ Change ☐ Addition
NAME	BRENNAN, BARRY F	22 NAME		
STREET ADDRESS	15630 S.W. 67TH AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	V/S/D	☒ Change ☐ Addition
NAME	CARDOSO, SUSAN C	32 NAME		
STREET ADDRESS	14245 S.W. 111TH LANE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186-7024	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Luisa F. Carpentieri — Luisa F. Carpentieri 4/19/95 (305)382-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0902307 CP