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04-14-1999 90068 003 ***150.00

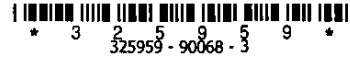
PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name **P94000070954 (0)**
HEALTH SOLUTIONS, INC.



Principal Place of Business Mailing Address
14245 SW 111th Lane 14245 SW 111th Lane
Miami, FL 33186-7024 Miami, FL 33186-7024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/27/1994

2. Principal Place of Business
21 **17200 SW 155 CT**

2a. Mailing Address
26 **17200 SW 155 CT**

4. FEI Number
65-0531430

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State
23 **Miami, FL**

City & State
28 **Miami, FL**

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

Zip Country
24 **33187-1359 USA**

Zip Country
29 **33187-1359** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Luisa F. Carpentieri
14245 SW 111th Lane
Miami, FL 33186-7024

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
17200 SW 155CT

83

84 City
Miami

85 FL

Zip Code
33187-1359

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **Carpentieri, Luisa F.**
CITY-ST-ZIP **14245 SW 111 th Lane**
Miami, FL 33186-7024

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PTD**
1.3 STREET ADDRESS **Carpentieri, Luisa F.**
1.4 CITY-ST-ZIP **17200SSW 155th CT**
Miami, FL 33187-1359

TITLE ☐ DELETE
NAME **VSD**
STREET ADDRESS **Cardoso, Susan C,**
CITY-ST-ZIP **14245 SW 111th Lane**
Miami, FL 33186-7024

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VSD**
2.3 STREET ADDRESS **Cardoso, Susan C.**
2.4 CITY-ST-ZIP **17200 SW 155 CT**
Miami, FL 33187-1359

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Luisa F. Carpentieri
Luisa F. Carpentieri
PRESIDENT

4/7/99

Date

305-578-8805
Daytime Phone #

CR2E034 (11/98)