

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109464

Entity Name: FLORIDA HEALTH SOLUTION, CORP.**Current Principal Place of Business:**7350 NW 7 TH STREET
SUITE # 204
MIAMI, FL 33126**Current Mailing Address:**P.O BOX 260040
MIAMI, FL 33126**FEI Number:** 46-0502866**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
7350 NW 7 TH STREET
SUITE # 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PTD
Name SOCORRO, MARCOS P SR.
Address 7350 NW 7 TH STREET
SUITE # 204
City-State-Zip: MIAMI FL 33126

Title VSD
Name SOCORRO, ROSA MVSD
Address 7350 NW 7 TH STREET
SUITE # 204
City-State-Zip: MIAMI FL 33126

Title V
Name GONZALEZ, ANTONIO
Address 15481 SW 138 TERRACE
City-State-Zip: MIAMI FL 33198

Title MEDICAL DIRECTOR
Name FERNANDEZ, MARIA VICTORIA PHD
Address 7350 NW 7 TH STREET
SUITE # 204
City-State-Zip: MIAMI FL 33126

Title VP, RISK, COMPLIANCE DIRECTOR
Name AGUERREBERE, YUDMELYS
Address 7350 NW 7 TH STREET
SUITE # 204
City-State-Zip: MIAMI FL 33126

Title VP. I.T. DIRECTOR.
Name FELIZ, MARLON RAFAEL
Address 7350 NW 7 TH STREET
SUITE # 204
City-State-Zip: MIAMI FL 33126

Title VP. HUMANO RESOURCE. DIRECTOR
Name MONZON , LAZARO
Address 7350 NW 7 TH STREET
SUITE # 204
City-State-Zip: MIAMI FL 33126

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 P. SOCORRO**PDTE****04/02/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date