## 2024 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

**FILED** Feb 15, 2024 Secretary of State 7413713892CC

## **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:

Name

Name

Officer/Director Detail:

Title Title **VSD** 

Electronic Signature of Registered Agent

SOCORRO, MARCOS PSR. SOCORRO, ROSA MVSD Name Name

7350 NW 7 TH STREET 7350 NW 7 TH STREET Address Address

**SUITE # 204 SUITE # 204** 

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title Title MEDICAL DIRECTOR

Name GONZALEZ, ANTONIO Name FERNANDEZ, MARIA VICTORIA PHD

15481 SW 138 TERRACE 7350 NW 7 TH STREET Address Address

**SUITE # 204** City-State-Zip: MIAMI FL 33198

City-State-Zip: MIAMI FL 33126

Title VP, RISK, COMPLIANCE DIRECTOR Title VP. I.T. DIRECTOR.

AGUERREBERE, YUDMELYS Name FELIZ, MARLON RAFAEL Address 7350 NW 7 TH STREET

Address 7350 NW 7 TH STREET **SUITE # 204** 

**SUITE # 204** 

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title VP. HUMANO RESOURCE. DIRECTOR Title **DIRECTOR** 

Name SOCORRO, GENESIS VICTORIA Address 7350 NW 7 TH STREET

7350 NW 7 TH STREET Address **SUITE # 204** 

**SUITE # 204** 

City-State-Zip: MIAMI FL 33126 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.

02/15/2024 SIGNATURE: MARCOS P SOCORRO PTE

MONZON, LAZARO

Date