

**2017 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	Title	VSD
Name	SOCORRO, MARCOS P SR.	Name	SOCORRO, ROSA MVSD
Address	7350 NW 7 TH STREET SUITE # 204	Address	7350 NW 7 TH STREET SUITE # 204
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126
Title	V		
Name	GONZALEZ, ANTONIO		
Address	15481 SW 138 TERRACE		
City-State-Zip:	MIAMI FL 33198		

*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

02/09/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date