

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000156909

**Entity Name:** SOLSTICE BENEFITS, INC.

**Current Principal Place of Business:**

7901 SW 6TH COURT  
SUITE 400  
PLANTATION, FL 33324

**FILED**  
**Jan 07, 2020**  
**Secretary of State**  
**3250628620CC**

**Current Mailing Address:**

PO BOX 19199  
PLANTATION, FL 33318

**FEI Number: 14-1917982**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
DEPARTMENT OF FINANCIAL SERVICES  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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 DIRECTOR  
Name FLAX, MICHAEL DD.D.S.  
Address 7901 SW 6TH COURT, SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title SECRETARY, COO, DIRECTOR  
Name FERRERA, CARLOS  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title PRESIDENT, DIRECTOR, CEO  
Name WEISS, LEONARD A  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title CFO, TREASURER, DIRECTOR  
Name WEISZNER, NACHMAN  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name FEINSTEIN, MARK D  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name LANDAU, RICHARD  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name ROLNICK, AUDIE M  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title COMPLIANCE OFFICER  
Name EVESLAGE, TAMARA J  
Address 7901 SW 6TH COURT  
SUITE 400  
City-State-Zip: PLANTATION FL 33324

**Continues on page 2**

*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: LEONARD A WEISS**

**PRESIDENT**

**01/07/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WEISS, SHAUN  
Address        520 WEST 43RD STREET  
                APT 10K  
City-State-Zip: NEW YORK NY 10036

Title           DIRECTOR  
Name           SCHWARTZMAN, MARTIN  
Address        7901 SW 6TH COURT  
                SUITE 400  
City-State-Zip: PLANTATION FL 33324

Title           CHIEF INFORMATION SECURITY OFFICER  
Name           LORIE, ANTONIO  
Address        7901 SW 6TH COURT  
                SUITE 400  
City-State-Zip: PLANTATION FL 33324