2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2023
Secretary of State
4473985540CC

DOCUMENT# P04000156909

Entity Name: SOLSTICE BENEFITS, INC.

Current Principal Place of Business:

7901 SW 6TH CT
SUITE 400
PLANTATION, FL 33324

Current Mailing Address:

7901 SW 6TH CT
SUITE 400
PLANTATION, FL 33324 US

FEI Number: 14-1917982

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	FERRERA, CARLOS [NMN]
Address	7901 SW 6TH COURT SUITE 400
City-State-Zip:	PLANTATION FL 33324

Title	DIRECTOR, PRESIDENT
Name	SHELDON, KENNETH MARK
Address	2000 WEST LOOP S, STE 900
City-State-Zip:	HOUSTON TX 77027

Title	DIRECTOR
Name	WIFFLER, THOMAS PATRICK
Address	200 EAST RANDOLPH STREET SUITE 5300
City-State-Zip:	CHICAGO IL 60601

Title	VP
Name	COTTINGTON, NYLE BRENT
Address	9800 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

Title	DIRECTOR
Name	WEISS, DMD LEONARD ALAN
Address	7901 SW 6TH CT SUITE 400
City-State-Zip:	PLANTATION FL 33324

Title	DIRECTOR
Name	VAN HAM, COLLEEN HASTINGS
Address	200 EAST RANDOLPH STREET SUITE 5300
City-State-Zip:	CHICAGO IL 60601

Title	TREASURER
Name	GILL, PETER MARSHALL
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	SECRETARY
Name	BRODY, MICHAEL CHARLES
Address	680 BLAIR MILL RD
City-State-Zip:	HORSHAM PA 19044

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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: HEATHER ANASTASIA LANG ASSISTANT SECRETARY 04/23/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	LANG, HEATHER ANASTASIA
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	CFO
Name	DAVIS, MITCHELL ROBERT
Address	9700 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

Title	ASST. SECRETARY
Name	ZUBA, JESSICA LEIGH
Address	POST OFFICE BOX 9472,MAIL CODE: CA952-1000
City-State-Zip:	MINNEAPOLIS MN 55440

Title	COMPLIANCE OFFICER
Name	EVESLAGE, TAMARA JEAN
Address	6461 HOLLANDAIRE DRIVE E.
City-State-Zip:	BOCA RATON FL 33433