2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2023
Secretary of State
7892193212CC

DOCUMENT# P12000059862

Entity Name: SOLSTICE ADMINISTRATION SERVICES, INC.

Current Principal Place of Business:

7901 SW 6TH CT
400
PLANTATION, FL 33324

Current Mailing Address:

7901 SW 6TH CT
400
PLANTATION, FL 33324 US

FEI Number: 46-0729622

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

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

Title	DIRECTOR
Name	FERRERA, CARLOS
Address	7901 SW 6TH CT STE 400
City-State-Zip:	PLANTATION FL 33324

Title	ASST. SECRETARY
Name	LANG, HEATHER A
Address	9900 BREN RD E
City-State-Zip:	MINNETONKA MN 55343

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

Title	TREASURER
Name	GILL, PETER M
Address	9900 BREN RD E
City-State-Zip:	MINNETONKA MN 55343

Title	DIRECTOR
Name	VAN HAM, COLLEEN H
Address	9700 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

Title	ASST. SECRETARY
Name	MOORE, ERIC C JR.
Address	1 E WASHINGTON ST
City-State-Zip:	PHOENIX AZ 85004

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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 A. LANG — ASSISTANT SECRETARY — 02/23/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	ZUBA, JESSICA L
Address	9700 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

Title	DIRECTOR
Name	WIFFLER, THOMAS P
Address	9700 HEALTH CARE LANE STE 5300
City-State-Zip:	MINNETONKA MN 55343

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