

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000059862

**Entity Name:** SOLSTICE INSURANCE ADMINISTRATION, 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

**FEI Number:** 46-0729622

**Certificate of Status Desired:** No

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

SOLSTICE BENEFITS, INC.  
7901 SW 6TH CT  
400  
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            FLAX, MICHAEL D  
Address        7901 SW 6TH CT, STE 400  
City-State-Zip: PLANTATION FL 33324

*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:** MICHAEL D. FLAX

**PRESIDENT**

**01/18/2013**

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

\_\_\_\_\_  
Date