

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000001103

**Entity Name:** SOLERA INTEGRATED MEDICAL SOLUTIONS, INC.

**Current Principal Place of Business:**

15030 AVENUE OF SCIENCE  
STE 100  
SAN DIEGO, CA 92128

**Current Mailing Address:**

7 VILLAGE CIRCLE  
SUITE 100  
WESTLAKE, TX 76262 US

**FEI Number:** 52-1558967

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 PD  
Name AQUILLA, TONY  
Address 7 VILLAGE CIRCLE, STE 100  
City-State-Zip: WESTLAKE TX 76262

Title S  
Name BRADY, JASON  
Address 7 VILLAGE CIRCLE, STE 100  
City-State-Zip: WESTLAKE TX 76262

Title T  
Name GIGER, RENATO  
Address 7 VILLAGE CIRCLE, STE 100  
City-State-Zip: WESTLAKE TX 76262

Title VP - TAX  
Name COCKRELL, SCOTT  
Address 7 VILLAGE CIRCLE  
STE 100  
City-State-Zip: WESTLAKE TX 76262

*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:** SCOTT COCKRELL

VP - TAX

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date