

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000001103

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

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC6507664152**

**Current Principal Place of Business:**

7 VILLAGE CIRCLE  
STE 100  
WESTLAKE , TX 76262

**Current Mailing Address:**

1301 SOLANA BLVD  
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            PRESIDENT, DIRECTOR  
Name            AQUILLA, TONY  
Address        1301 SOLANA BLVD  
                  BUILDING 2, SUITE 2100  
City-State-Zip: WESTLAKE TX 76262

Title            SECRETARY, DIRECTOR  
Name            BRADY, JASON  
Address        1301 SOLANA BLVD  
                  BUILDING 2, SUITE 2100  
City-State-Zip: WESTLAKE TX 76262

Title            TREASURER, DIRECTOR  
Name            GIGER, RENATO  
Address        1301 SOLANA BLVD  
                  BUILDING 2, SUITE 2100  
City-State-Zip: WESTLAKE TX 76262

Title            VP - TAX  
Name            RUIZ, HECTOR  
Address        1301 SOLANA BLVD  
                  BUILDING 2, SUITE 2100  
City-State-Zip: WESTLAKE TX 76262

Title            ASST. SECRETARY  
Name            BABIN, DAVID  
Address        1301 SOLANA BLVD  
                  BUILDING 2, SUITE 2100  
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:** JASON BRADY

**SECRETARY**

**04/27/2016**

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

\_\_\_\_\_  
Date