

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001103

Entity Name: SOLERA INTEGRATED MEDICAL SOLUTIONS, INC.

FILED
Feb 11, 2019
Secretary of State
6511047107CC

Current Principal Place of Business:

1301 SOLANA BLVD
BUILDING 2, SUITE 2100
WESTLAKE , TX 76262

Current Mailing Address:

1301 SOLANA BLVD
BUILDING 2, SUITE 2100
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 AQUILA, 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

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date