

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213522607
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1.) CORPORATION NAME: <b>Solstice Benefit Services, Inc.</b>	DUE DATE: <b>7/31/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA</b>	SCC ID NO: <b>F1868845</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>FL</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7901 SW 6TH COURT  
SUITE 400

CITY/ST/ZIP: PLANTATION, FL 33324

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MICHAEL D FLAX	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 7901 SW 6TH COURT SUITE 400				
CITY/ST/ZIP/CO: PLANTATION, FL 33324				

NAME: DAVID S MEYERSON	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: CFO				
ADDRESS: 7901 SW 6TH COURT SUITE 400				
CITY/ST/ZIP/CO: PLANTATION, FL 33324				

NAME: CARLOS FERRERA	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 7901 SW 6TH COURT SUITE 400				
CITY/ST/ZIP/CO: PLANTATION, FL 33324				

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHAEL D FLAX	MICHAEL D FLAX, PRESIDENT	5/14/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.