

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005438

FILED
Aug 12, 2004
Secretary of State**Entity Name:** SOUTH FLORIDA HEALTH CONSULTING, CORP.**Current Principal Place of Business:**129 SW 2ND AVE
HALLANDALE, FL 33009**New Principal Place of Business:**1001 N. FEDERAL HWY
HALLANDALE, FL 33009**Current Mailing Address:**1835 E HALLANDALE BCH BLVD.
#154
HALLANDALE, FL 33009**New Mailing Address:****FEI Number:** 65-1152612 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ENIOLA, ANTHONY MD
129 SW 2ND AVE
HALLANDALE, FL 33009**Name and Address of New Registered Agent:**ENIOLA, ANTHONY MD
1835 E. HALLANDALE BCH. BLVD
HALLANDALE, FL 33009

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: _____

08/12/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: ENIOLA, ANTHONY MD
Address: 129 SW 2ND AVE
City-St-Zip: HALLANDALE, FL 33009**Title:** CD () Delete
Name: GASANA, JANVIER
Address: 3000 NE 151ST
City-St-Zip: MIAMI, FL 33181**Title:** SD () Delete
Name: WAITERS-ENIOLA, ANGELA
Address: 129 SW 2ND AVE
City-St-Zip: HALLANDALE, FL 33009**Title:** TD () Delete
Name: HOLLIS, KRISTINE
Address: 3100 N 24 AVE. BLDG 3#36
City-St-Zip: HOLLYWOOD, FL 33020**Title:** D () Delete
Name: HOUSEN-WONG, NADINE
Address: 7960 NW 58TH, #106
City-St-Zip: LAUDERHILL, FL 33351**Title:** D () Delete
Name: DEFREITES, SHARON
Address: 3322 MCKINLEY STR
City-St-Zip: HOLLYWOOD, FL 33020**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: ENIOLA, ANTHONY MD
Address: 1835 E. HALLANDALE BCH. BLVD.
City-St-Zip: HALLANDALE, FL 33009**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: WAITERS-ENIOLA, ANGELA
Address: 1835 E. HALLANDALE BCH. BLVD
City-St-Zip: HALLANDALE, FL 33009**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ENIOLA ANTHONY, MD

PD

08/12/2004

Electronic Signature of Signing Officer or Director

Date

ROLAND FOULKES
P. O. BOX 101492
FT. LAUDERDALE, FL. 33310

JERRY KOLO
111 E. LAS OLAS BLVD., #808
FL. LAUDERDALE, FL. 33301