

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005438

FILED  
Jul 17, 2006  
Secretary of State

**Entity Name:** SOUTH FLORIDA HEALTH CONSULTING, CORP.

**Current Principal Place of Business:**

1001 N. FEDERAL HWY  
HALLANDALE, FL 33009

**New Principal Place of Business:**

1835 E. HALLANDALE BCH BLVD  
#154  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

ENIOLA, ANTHONY MD  
1835 E. HALLANDALE BCH. BLVD  
HALLANDALE, FL 33009 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ENIOLA, ANTHONY MD  
Address: 1835 E. HALLANDALE BCH. BLVD.  
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: 1835 E. HALLANDALE BCH. BLVD  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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

PD

07/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date