

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005438

FILED  
May 26, 2003  
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:**

**Current Mailing Address:**

1749 E HALLANDALE BCH BLVD., #154  
HALLANDALE, FL 33009

**New Mailing Address:**

1835 E HALLANDALE BCH BLVD.  
#154  
HALLANDALE, FL 33009

**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:**

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: 129 SW 2ND AVE  
City-St-Zip: HALLANDALE, FL 33009

Title: C ( ) 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: T ( ) Delete  
Name: HOLLIS, KRISTINE  
Address: 3100 N 24 AVE. BLDG 3#36  
City-St-Zip: HOLLYWOOD, FL 33020

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: CD (X) Change ( ) Addition  
Name: GASANA, JANVIER  
Address: 3000 NE 151ST  
City-St-Zip: MIAMI, FL 33181

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

Title: TD (X) Change ( ) Addition  
Name: HOLLIS, KRISTINE  
Address: 3100 N 24 AVE. BLDG 3#36  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Change (X) Addition  
Name: HOUSEN-WONG, NADINE  
Address: 7960 NW 58TH, #106  
City-St-Zip: LAUDERHILL, FL 33351

Title: D ( ) Change (X) Addition  
Name: DEFREITES, SHARON  
Address: 3322 MCKINLEY STR  
City-St-Zip: HOLLYWOOD, FL 33020

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: ANTHONY ENIOLA

PD

05/26/2003

Electronic Signature of Signing Officer or Director

Date

BROWN, JOSH (D)  
MCINCOL MIDDLE SCH  
1602 S. 27TH AV  
HOLLYWOOD, FL. 33020