


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90001 007 \*\*\*150.00

<b>DOCUMENT # P05000023776</b>	
1. Entity Name <b>WHITFIELD HEALTH CONSORTIUM INC.</b>	

Principal Place of Business <b>1740 HULETT DR BRANDON, FL 33509</b>	Mailing Address <b>1740 HULETT DR BRANDON, FL 33509</b>
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**60015110**

2. Principal Place of Business		3. Mailing Address <b>P.O. Box 1250</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>BRANDON</b>	
City & State		City & State <b>FL</b>	
Zip	Country	Zip <b>33509-1250</b>	Country



02092006 Chg-P CR2E034 (11/05)

4. FEI Number <b>202354116</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
<b>OSIMEN, CHRISTOPHER E 1209 W LINEBAUGH AVE TAMPA, FL 33612</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D IJEWERE, SHERESE A 1740 HULETT DR BRANDON, FL 33509</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SOLOMON, EVELYN 1740 HULETT DR BRANDON, FL 33509</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*S. Ijewere*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/10/06*

Date

Daytime Phone #