

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000094650

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** OLULAD HEALTH CONSULTANTS, INC.

**Current Principal Place of Business:**

17088 NW 19 STREET  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 823465  
PEMBROKE PINES, FL 33082

**New Mailing Address:**

**FEI Number:** 30-0654015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHINYE, TONY  
1911 NW 150 AVE  
SUITE 202  
PEMBROKE PINES, FL 33028 US

**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: P  
Name: OKEGBOLA, AMOS  
Address: 17088 NW 19 STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMOS OKEGBOLA

P

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date