

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90028 022 \*\*\*150.00

**DOCUMENT # P97000064044**

1. Entity Name

CARE CONSOLIDATED INC.



Principal Place of Business

2501 WALNUT HEIGHTS ROAD  
APOPKA FL 32703

Mailing Address

2501 WALNUT HEIGHTS ROAD  
APOPKA FL 32703



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

65-0771098

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ADESOLA DADA, MICHAEL  
2501 WALNUT HEIGHTS ROAD  
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ADESOLA DADA, MICHAEL  
STREET ADDRESS 2501 WALNUT HEIGHTS ROAD  
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☐ Delete  
NAME OLALONPE DADA, RACHAEL  
STREET ADDRESS 2501 WALNUT HEIGHTS ROAD  
CITY-ST-ZIP APOPKA FL 32703

TITLE VP ☐ Delete  
NAME DADA, OLUGBENGA  
STREET ADDRESS 2501 WALNUT HEIGHTS ROAD  
CITY-ST-ZIP APOPKA FL 32703

TITLE AS ☐ Delete  
NAME DADA, OLUKEMI  
STREET ADDRESS 2501 WALNUT HEIGHTS ROAD  
CITY-ST-ZIP APOPKA FL 32703

TITLE OM ☐ Delete  
NAME DADA, DAVID  
STREET ADDRESS 2501 WALNUT HEIGHTS ROAD  
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*ADESOLA DADA MICHAEL*

407-8809330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #