2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006
Secretary of State

DOCUMENT# F98000001250

Entity Name: CONSOLIDENT, INC.

Current Principal Place of Business:

20295 NW 2ND AVENUE
210
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

20295 NW 2ND AVENUE
210
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0817837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRODY, JONATHAN E
500 E. BROWARD BLVD
SUITE 1940
FORT LAUDERDALE, FL 33394 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CDOD	( ) Delete
Name:	BRODY, ROBERT DMD	
Address:	20295 NW 2ND AVENUE	
City-St-Zip:	MIAMI, FL 33169	
Title:	D	( ) Delete
Name:	SCHWARZ, L. T DDS	
Address:	20295 NW 2ND AVENUE	
City-St-Zip:	MIAMI, FL 33169	
Title:	TD	( ) Delete
Name:	BAXTER, FREDERICK	
Address:	20295 NW 2ND AVENUE	
City-St-Zip:	MIAMI, FL 33169	
Title:	PD	( ) Delete
Name:	BRODY, LAURENCE	
Address:	20295 NW 2ND AVENUE	
City-St-Zip:	MIAMI, FL 33169	
Title:	D	( ) Delete
Name:	LANDIS, HOWARD	
Address:	20295 NW 2ND AVE #210	
City-St-Zip:	MIAMI, FL 33169	
Title:	D	( ) Delete
Name:	FATHI, ROYA	
Address:	20295 NW 2ND AVE	
City-St-Zip:	MIAMI, FL 33169	

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

SIGNATURE: ROYA FATHI D 06/20/2006

Electronic Signature of Signing Officer or Director — Date