

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001250

Entity Name: CONSOLIDENT, INC.

FILED  
Apr 25, 2008  
Secretary of State

## 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: PTD (X) Change ( ) Addition  
Name: BAXTER, FREDERICK  
Address: 20295 NW 2ND AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: D (X) Change ( ) Addition  
Name: BRODY, LAURENCE  
Address: 20295 NW 2ND AVENUE  
City-St-Zip: MIAMI, FL 33169

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 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: FRANK BANISI

CONT

04/25/2008

Electronic Signature of Signing Officer or Director

Date