

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90030 026 \*\*\*150.00

DOCUMENT # P06000129013

1. Entity Name  
A & D CONSULTANTS CORP.



Principal Place of Business  
2151 45TH ST., STE. 205  
WEST PALM BEACH, FL 33407

Mailing Address  
2151 45TH ST.  
SUITE 207  
WEST PALM BEACH, FL 33407

40038751



**DO NOT WRITE IN THIS SPACE**

02052008 No Chg-P CR2E034 (11/05)

4. FEI Number  
30-0393654

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

AGRESHI, MARK M.D. *← SPELLING. AGRESTI, MARK MD*  
2151 45TH STREET #205  
WEST PALM BEACH, FL 33407

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IN THIS SPACE**

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

*MARK AGRESTI, MD*

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME AGRESTI, MARK MD  
STREET ADDRESS 2151 45TH ST., STE. 205  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE D  
NAME DASHEV, DAVID  
STREET ADDRESS 2151 45TH ST., STE. 205  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*MARK AGRESTI, MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*561-842-9573*