## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P11000071846

Entity Name: CONSOLIDATED DENTAL SYSTEMS INC.

FILED Feb 21, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7442 N TAMIAMI TRAIL SUITE D SARASOTA, FL 34243

Current Mailing Address: New Mailing Address:

7442 N TAMIAMI TRAIL SUITE D SARASOTA, FL 34243

FEI Number: 45-3168094 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HEBERT, CHRISTY
7442 N TAMIAMI TRAIL
SUITE D
SARASOTA, FL 34243 US
PALM TREE TAX & CONSULTING, INC.
3859 BEE RIDGE ROAD
SUITE 101
SARASOTA, FL 34233 US

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: JODIE CONGDON 02/21/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: NALLY, CYNTHIA L Address: 7442 N TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34243

Title: VP

Name: HANISEE, MARK S Address: 7442 N TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34243

Title: VP

 Name:
 WASSON, CHARLES L III

 Address:
 7442 N TAMIAMI TRAIL

 City-St-Zip:
 SARASOTA, FL 34243

Title: VP

Name: DRAKE, SAMANTHA G Address: 7442 N TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34243

Title: VP

Name: LISZEWSKI, KENNETH S DMD Address: 7442 N TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34243

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: CYNTHIA L NALLY P 02/21/2012