

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000071260

**Entity Name:** CONSOLIDATED BIOMEDICAL SOLUTIONS, INC.

**Current Principal Place of Business:**

4772 N CITATION DRIVE  
SUITE 103  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

403 SAXONY -I  
SUITE I  
DELRAY BEACH, FL 33446 US

**FEI Number:** 47-1720963

**Certificate of Status Desired:** No

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

FATER, DAVID H  
4772 N CITATION DRIVE  
SUITE 103  
DELRAY BEACH, FL 33445 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            FATER, DAVID H  
Address        4772 N CITATION DRIVE  
                  SUITE 103  
City-State-Zip: DELRAY BEACH FL 33445

Title            S  
Name            COHEN, RICHARD M PHD  
Address        4772 N CITATION DRIVE  
                  SUITE 103  
City-State-Zip: DELRAY BEACH FL 33445

*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:** DAVID H. FATER

CEO

04/30/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date