

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000071260

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

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC4405076404**

**Current Principal Place of Business:**

751 PARK OF COMMERCE DRIVE  
SUITE 128  
BOCA RATON, FL 33487

**Current Mailing Address:**

3600 DUBERRY COURT  
SUITE 110  
ATLANTA, GA 30319

**FEI Number: 47-1720963**

**Certificate of Status Desired: No**

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

FATER, DAVID H  
751 PARK OF COMMERCE DRIVE  
SUITE 128  
BOCA RATON, FL 33487 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 P  
Name FATER, DAVID H  
Address 751 PARK OF COMMERCE DRIVE,  
SUITE 128  
City-State-Zip: BOCA RATON FL 33487

Title S  
Name COHEN, RICHARD M  
Address 751 PARK OF COMMERCE DRIVE,  
SUITE 128  
City-State-Zip: BOCA RATON FL 33487

Title T  
Name BOHANNON, THOMAS J  
Address 751 PARK OF COMMERCE DRIVE,  
SUITE 128  
City-State-Zip: BOCA RATON FL 33487

*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: THOMAS J. BOHANNON**

**CHIEF FINANCIAL  
OFFICER**

**04/16/2015**

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

\_\_\_\_\_  
Date