

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001950

Entity Name: FLORIDA MEDICAL CANNABIS ASSOCIATION, INC.

Current Principal Place of Business:

1299 WEST FAIRBANKS AVENUE, SUITE A
WINTER PARK, FL 32789

Current Mailing Address:

3262 ELIZABETH STREET
SUITE 2
MIAMI, FL 33133 US

FEI Number: 46-4955710

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, RANDALL C ESQUIRE
533 VERSAILLES DRIVE, SUITE 100
MAITLAND, FL 32751 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 D
Name MCKEE, LELAND W
Address 424 EAST CENTRAL BOULEVARD,
UNIT 404
City-State-Zip: ORLANDO FL 32801

Title D
Name TIPTON, JOHN
Address PO BOX 128
City-State-Zip: RUSKIN FL 33575

Title D
Name GORGONE, FRANK
Address 7540 SE TETON DRIVE
City-State-Zip: HOBE SOUND FL 33455

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN TIPTON

CHAIRMAN

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date