

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G10785

Entity Name: ACUDERM, INC.**Current Principal Place of Business:**5370 N.W. 35TH TERRACE
SUITE 106
FT LAUDERDALE, FL 33309**Current Mailing Address:**5370 N.W. 35TH TERRACE
SUITE 106
FT LAUDERDALE, FL 33309**FEI Number:** 59-2232602**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HORLAND, JAMES A.
7901 SW 6TH CT
SUITE 306
PLANTATION, FL 33324 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	PRESIDENT, DIRECTOR
Name	YEH, CHARLES R
Address	5370 N.W. 35TH TERRACE SUITE 106
City-State-Zip:	FT LAUDERDALE FL 33309

Title	DIRECTOR
Name	ZALLA, J
Address	7766 EWING BLVD., SUITE 100
City-State-Zip:	FLORENCE KY 41042

Title	DIRECTOR
Name	MCGUIRE, J
Address	4251 MANUELA CT
City-State-Zip:	PALO ALTO CA 94306

Title	DIRECTOR
Name	STURM, HIRAM
Address	4381 HARRIS VALLEY ROAD NW
City-State-Zip:	ATLANTA GA 30327

Title	SECRETARY, TREASURER
Name	YEH, E
Address	5370 N.W. 35TH TERRACE SUITE 106
City-State-Zip:	FT LAUDERDALE FL 33309

Title	DIRECTOR
Name	EPSTEIN, J
Address	450 SUTTER STREET
City-State-Zip:	SAN FRANCISCO CA 94108

Title	DIRECTOR
Name	GREENE, RICHARD
Address	201 NW 82 AVE
City-State-Zip:	PLANTATION FL 33309

Title	DIRECTOR
Name	JULIUS, CLARK
Address	12328 OAKLAND HILLS POINT
City-State-Zip:	CONCORD TN 37934

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: CHARLES R YEH**PRESIDENT****04/17/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date