

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000072768

Entity Name: MEDICAL MARIJUANA CENTERS OF FLORIDA, INC.

Current Principal Place of Business:

21007 N.E. 32ND AVENUE
AVENTURA, FL 33180

Current Mailing Address:

17290 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALMAN, MARTIN H
17290 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162 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 PSD
Name LONDON, PETER J DC
Address 21007 N.E. 32ND AVENUE
City-State-Zip: AVENTURA FL 33180

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: PETER J. LONDON

PRES

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date