

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000023360

**Entity Name:** MARIJUANA FOR MEDICAL INC

**Current Principal Place of Business:**

8910 NORTH 56TH ST  
TAMPA, FL 33617

**Current Mailing Address:**

8910 NORTH 56TH ST  
TAMPA, FL 33617

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ABUKHDEIR, MOHAMMED F  
905 JULIE LANE  
LAKELAND, FL 33813 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 ABUKHDEIR, MOHAMMED F  
Address 905 JULIE LANE  
City-State-Zip: LAKELAND FL 33813

*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:** MOHAMMED ABUKHDEIR

**PRESIDENT**

**03/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date