

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001686

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC2185771437**

**Entity Name:** MOLECULARMD CORP.

**Current Principal Place of Business:**

1341 SW CUSTER DR  
PORTLAND, OR 97219

**Current Mailing Address:**

505 S FLAGLER DR  
SUITE 1330  
WEST PALM BEACH, FL 33401

**FEI Number:** 20-3829030

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 PD  
Name SNYDER, SHERIDAN G  
Address 1341 SW CUSTER DR  
City-State-Zip: PORTLAND OR 97219

Title VP  
Name WONG, STEPHANE  
Address 1341 SW CUSTER DR  
City-State-Zip: PORTLAND OR 97219

Title S  
Name SWIFT, TERI  
Address 1341 SW CUSTER DR  
City-State-Zip: PORTLAND OR 97219

Title DT  
Name SNYDER, SHERIDAN D  
Address 1341 SW CUSTER DR  
City-State-Zip: PORTLAND OR 97219

*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:** SWIFT , TERI

**BY:** MONICA GONZALEZ 01/13/2015  
**ATTORNEY IN FACT**

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

\_\_\_\_\_  
Date