2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 06, 2009
Secretary of State

DOCUMENT# P99000088722

Entity Name: SMARTMD CORP.

Current Principal Place of Business:

2400 WEST CYPRESS CREEK ROAD
SUITE 204
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

2400 WEST CYPRESS CREEK ROAD
SUITE 204
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0955483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HABTE, YOSEF
2400 WEST CYPRESS CREEK ROAD
SUITE 204
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

KOTHARI, NANDIP
2400 WEST CYPRESS CREEK ROAD
SUITE 204
FORT LAUDERDALE, FL 33309 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: NANDIP KOTHARI 07/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MR ( ) Delete
Name: HABTE, YOSEF
Address: 58 SPINNING WHEEL LANE
City-St-Zip: TAMARAC, FL 33319

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KOTHARI, NANDIP
Address: 6640 NW 47TH STREET
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: T ( ) Change (X) Addition
Name: KOTHARI, NANDIP
Address: 6640 NW 47TH STREET
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: S ( ) Change (X) Addition
Name: KOTHARI, NANDIP
Address: 6640 NW 47TH STREET
City-St-Zip: CORAL SPRINGS, FL 33067 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANDIP KOTHARI P 07/06/2009
Electronic Signature of Signing Officer or Director Date