

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000030162

Entity Name: EHEALTHCARE.MD, INC.

Current Principal Place of Business:

477 S ROSEMARY AVE
202
WEST PALM BEACH, FL 33401

Current Mailing Address:

477 S ROSEMARY AVE
202
WEST PALM BEACH, FL 33401

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLKIS, PERRY
477 S ROSEMARY AVE
202
WEST PALM BEACH, FL 33401 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	Title	VP
Name	WOLKIS, PERRY	Name	WOLKIS, MICHELE
Address	477 S ROSEMARY AVE, SUITE 202	Address	477 S ROSEMARY AVE, SUITE 202
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401

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: PERRY WOLKIS

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date