

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000088722

**Entity Name:** SMARTMD CORP.

**Current Principal Place of Business:**

500 W CYPRESS CREEK RD  
SUITE 120  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

500 W CYPRESS CREEK RD  
SUITE 120  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 65-0955483

**Certificate of Status Desired:** No

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

KOTHARI, NANDIP  
500 W CYPRESS CREEK RD  
SUITE 120  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PTS  
Name           KOTHARI, NANDIP  
Address        6640 NW 47TH STREET  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** KOTHARI , NANDIP

PTS

04/17/2013

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

\_\_\_\_\_  
Date