

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1200006019

Entity Name: ACDOCTOR.COM LLC

Current Principal Place of Business:

2665 S. BAYSHORE DRIVE
SUITE 901
COCONUT GROVE, FL 33133

Current Mailing Address:

2665 S. BAYSHORE DRIVE
SUITE 901
COCONUT GROVE, FL 33133

FEI Number: 26-2063693

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title	DIRECTOR, VP, SECRETARY	Title	DIRECTOR, VP, ASST. SECRETARY
Name	LOGAN, BARRY S	Name	MENENDEZ, ANA M
Address	2665 S. BAYSHORE DRIVE, SUITE 901	Address	2665 S. BAYSHORE DRIVE, SUITE 901
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133
Title	AT	Title	PRESIDENT
Name	DISTEFANO, EFY	Name	CONNELL, KENNETH
Address	2665 SOUTH BAYSHORE DRIVE SUITE 901	Address	2665 S. BAYSHORE DRIVE SUITE 901
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133
Title	EVP	Title	SVP, CFO, TREASURER
Name	NG, KENBIAN A	Name	MORI, LINA C
Address	2665 S. BAYSHORE DRIVE SUITE 901	Address	2665 S. BAYSHORE DRIVE SUITE 901
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133
Title	ASST. TREASURER	Title	CHIEF ACCOUTING
Name	HANNON, ED	Name	RODRIGUEZ, ANA L
Address	2665 S. BAYSHORE DRIVE SUITE 901	Address	2665 S. BAYSHORE DRIVE SUITE 901
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EFY DISTEFANO

AT

01/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date