## 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001686

Entity Name: MOLECULARMD CORP.

**Current Principal Place of Business:** 

1341 SW CUSTER DRIVE PORTLAND, OR 97219

**Current Mailing Address:** 

1341 SW CUSTER DRIVE PORTLAND, OR 97219 US

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:

Name

Date Electronic Signature of Registered Agent

Title

DIRECTOR

**SECRETARY** 

Officer/Director Detail:

Title CHAIRMAN, DIRECTOR Title PRESIDENT, CEO, TREASURER &

> DIRECTOR SNYDER, SHERIDAN G.

SNYDER, SHERIDAN D. Name Address 505 S. FLAGLER DRIVE, SUITE 1330

505 S. FLAGLER DRIVE, SUITE 1330 Address W. PALM BEACH FL 33401 City-State-Zip:

City-State-Zip: W. PALM BEACH FL 33401

Title VP OF MEDICAL AFFAIRS, DIRECTOR

Name GALDERISI, CHAD Name RICE, MATT

Address 505 S. FLAGLER DRIVE, SUITE 1330 505 S. FLAGLER DRIVE, SUITE 1330 Address

City-State-Zip: W. PALM BEACH FL 33401 City-State-Zip: W. PALM BEACH FL 33401

Title **DIRECTOR** Title

Name GRAHAM, DREW Name GLERUM. DAN

Address 505 S. FLAGLER DRIVE, SUITE 1330 Address 505 S. FLAGLER DRIVE, SUITE 1330

City-State-Zip: W. PALM BEACH FL 33401 City-State-Zip: W. 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: DAN GLERUM SECRETARY, BY JOHN

DUEMIG, ATTORNEY-IN-**FACT** 

02/11/2019

**FILED** Feb 11, 2019

**Secretary of State** 

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