## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000003974

Entity Name: MEDMARK SERVICES. INC.

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
401 E. COR SUITE 220	PORATE DRIN			, par 1 1400 01 <b>2 4</b> 0111000
Current Mailing Address:			New Mailir	ng Address:
401 E. CORPORATE DRIVE SUITE 220 LEWISVILLE, TX 75057				
FEI Number:	59-2212083	FEI Number Applied For ( ) FEI Nu	mber Not Appli	cable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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
Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	WHITE, DAVID K 401 E. CORPOR, LEWISVILLE, TX	ATE DRIVE, SUITE 220	Title: Name: Address: City-St-Zip: Title:	CEO (X) Change ( ) Addition WHITE, DAVID K 401 E. CORPORATE DRIVE, SUITE 220 LEWISVILLE, TX 75057 CFO (X) Change ( ) Addition
Name: Address: City-St-Zip:	WHITE, DAVID K 401 E. CORPOR LEWISVILLE, TX	ATE DRIVE, SUITE 220	Name: Address: City-St-Zip:	RUBIN, RONALD S 401 E. CORPORATE DRIVE, SUITE 220 LEWISVILLE, TX 75057
Title: Name: Address: City-St-Zip:	WALLACE, MICH	ATE DRIVE, SUITE 220	Title: Name: Address: City-St-Zip:	DIR (X) Change ( ) Addition STEFFY, DAVID 6 CYPRESS POINT LANE NEWPORT BEACH, CA 92660
Title: Name: Address: City-St-Zip:	WALLACE, MICH	ATE DRIVE, SUITE 220	Title: Name: Address: City-St-Zip:	DIR (X) Change ( ) Addition COLLINSON, JEFF 1055 WASHINGTON BLVD STAMFORD, CT 06901
Title: Name: Address: City-St-Zip:	()(	Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition HOWE, TIMOTHY 1055 WASHINGTON BLVD STAMFORD, CT 06901
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition SCOLA, NICK 200 STATE STREET BOSTON, MA 02109

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: RONALD S RUBIN CFO 04/10/2009