

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000111962

**Entity Name:** MEDICS SUBSCRIPTION SERVICES, INC.**Current Principal Place of Business:**6363 S. FIDDLER'S GREEN CIRCLE  
SUITE 1400  
GREENWOOD VILLAGE, CO 80111**Current Mailing Address:**6363 S. FIDDLER'S GREEN CIRCLE  
SUITE 1400  
GREENWOOD VILLAGE, CO 80111 US**FEI Number:** 26-1233503**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	PRESIDENT, DIRECTOR
Name	OWEN, RANDEL G.
Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400
City-State-Zip:	GREENWOOD VILLAGE CO 80111
Title	COO
Name	VAN HORNE, EDWARD B
Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400
City-State-Zip:	GREENWOOD VILLAGE CO 80111

Title	SECRETARY, EXECUTIVE VICE PRESIDENT
Name	COOK, THOMAS A.A.
Address	1001 BOARDWALK SPRINGS PLACE SUITE 250
City-State-Zip:	O'FALLON MO 63368
Title	CFO
Name	MICHAEL , PREISSLER
Address	209 STATE HIGHWAY 121 BYPASS SUITE 21
City-State-Zip:	LEWISVILLE TX 75067

*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:** THOMAS A.A. COOK**SECRETARY****04/17/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date