

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000111962

**Entity Name:** MEDICS SUBSCRIPTION SERVICES, INC.

**Current Principal Place of Business:**

2500 NW 29TH MANOR  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

6200 S. SYRACUSE WAY STE 200  
GREENWOOD VILLAGE, CO 80111

**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 DCEO  
Name SANGER, WILLIAM A  
Address 6200 S. SYRACUSE WAY STE 200  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title TEVP  
Name RATTON, STEVE WJR.  
Address 6200 S. SYRACUSE WAY STE 200  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title S  
Name WILSON, CRAIG A  
Address 6200 S. SYRACUSE WAY STE 200  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title CFO  
Name DORN, TIMOTHY  
Address 6200 S. SYRACUSE WAY STE 200  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title SVP  
Name MURPHY, STEVEN  
Address 6200 S. SYRACUSE WAY STE 200  
City-State-Zip: GREENWOOD VILLAGE CO 80111

*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: CRAIG A. WILSON**

**SECRETARY**

**04/04/2013**

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

\_\_\_\_\_  
Date