

2018 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	DIRECTOR
Name	OWEN, RANDEL G
Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400
City-State-Zip:	GREENWOOD VILLAGE CO 80111

Title	SECRETARY
Name	WILSON, CRAIG A
Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400
City-State-Zip:	GREENWOOD VILLAGE CO 80111

Title	PRESIDENT
Name	VAN HORNE, EDWARD B
Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400
City-State-Zip:	GREENWOOD VILLAGE CO 80111

Title	TREASURER, VP
Name	RUTHERFORD, KRISTY
Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400
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****04/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date