

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000247

Entity Name: MEDICAL CONFERENCES INTERNATIONAL, INC.**Current Principal Place of Business:**1510 W. MONTANA ST.
CHICAGO, IL 60614**Current Mailing Address:**6300 N. RIVER ROAD
STE. 301
ROSEMONT, IL 60018 US**FEI Number:** 34-1994134**Certificate of Status Desired:** No**Name and Address of Current 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**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	GOLDMAN, ROBERT M
Address	1510 W. MONTANA ST.
City-State-Zip:	CHICAGO IL 60614

Title	SECRETARY, DIRECTOR
Name	KLATZ, RONALD M
Address	1510 W. MONTANA ST.
City-State-Zip:	CHICAGO IL 60614

Title	VP
Name	SMITH, SIMON
Address	6300 N. RIVER ROAD STE. 301
City-State-Zip:	ROSEMONT IL 60018

Title	TREASURER
Name	PENNINGTON, MARK
Address	6300 N. RIVER ROAD STE. 301
City-State-Zip:	ROSEMONT IL 60018

Title	DIRECTOR
Name	EMSLIE, J. DOUGLAS
Address	6300 N. RIVER ROAD STE. 301
City-State-Zip:	ROSEMONT IL 60018

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: MARK PENNINGTON**TREASURER****02/05/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date