

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003974

Entity Name: MEDMARK SERVICES. INC.**Current Principal Place of Business:**1720 LAKEPOINTE DRIVE
SUITE 117
LEWISVILLE, TX 75057**Current Mailing Address:**1720 LAKEPOINTE DRIVE
SUITE 117
LEWISVILLE, TX 75057 US**FEI Number:** 59-2212083**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	WHITE, DAVID
Address	1720 LAKEPOINTE DRIVE SUITE 117
City-State-Zip:	LEWISVILLE TX 75057

Title	DIRECTOR
Name	KLETTER, JASON
Address	1720 LAKEPOINTE DRIVE SUITE 117
City-State-Zip:	LEWISVILLE TX 75057

Title	TREASURER
Name	GUTSCHENRITTER, DANIEL
Address	1720 LAKEPOINTE DRIVE SUITE 117
City-State-Zip:	LEWISVILLE TX 75057

Title	SECRETARY
Name	BAUMANN, FRANK
Address	1720 LAKEPOINTE DRIVE SUITE 117
City-State-Zip:	LEWISVILLE TX 75057

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: FRANK BAUMANN**SECRETARY****03/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date