## **2020 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: NOT APPLICABLE 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:

City-State-Zip:

Address

Address

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** May 28, 2020

Secretary of State

5897026023CC

Officer/Director Detail:

Title **DIRECTOR** Title Name KLETTER, JASON Name

Address 1720 LAKEPOINTE DRIVE Address 1720 LAKEPOINTE DRIVE

> SUITE 117 SUITE 117

LEWISVILLE TX 75057 LEWISVILLE TX 75057 City-State-Zip:

Title SENIOR VP, PRIMARY CARE AND Title EXECUTIVE VICE PRESIDENT

> MENTAL HEALTH KLETTER, JASON Name

KLETTER. MICHELLE Name 1720 LAKEPOINTE DRIVE Address

1720 LAKEPOINTE DRIVE Address SUITE 117

SUITE 117 City-State-Zip:

LEWISVILLE TX 75057 LEWISVILLE TX 75057 City-State-Zip:

**EXECUTIVE VICE PRESIDENT** Title Title COO

BAUMANN, FRANK Name BAUMANN, FRANK Name

1720 LAKEPOINTE DRIVE Address

1720 LAKEPOINTE DRIVE SUITE 117

SUITE 117 City-State-Zip: LEWISVILLE TX 75057

Title **EXECUTIVE VICE PRESIDENT** Title **SECRETARY** 

Name GUTSCHENRITTER, DANIEL Name BAUMANN, FRANK

1720 LAKEPOINTE DRIVE Address

1720 LAKEPOINTE DRIVE SUITE 117

SUITE 117

LEWISVILLE TX 75057

City-State-Zip: LEWISVILLE TX 75057 City-State-Zip: LEWISVILLE TX 75057

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DIRECTOR WHITE, DAVID

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.

05/28/2020 SIGNATURE: DAVID WHITE PRESIDENT/CEO

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

TitleTREASURER/CFOTitlePRESIDENT/CEONameGUTSCHENRITTER, DANIELNameWHITE, DAVID

Address 1720 LAKEPOINTE DRIVE Address 1720 LAKEPOINTE DRIVE

SUITE 117 SUITE 117

City-State-Zip: LEWISVILLE TX 75057 City-State-Zip: LEWISVILLE TX 75057