

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000003028

**Entity Name:** SHARED MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

209 LIMESTONE PASS  
COTTAGE GROVE, WI 53527

**Current Mailing Address:**

209 LIMESTONE PASS  
COTTAGE GROVE, WI 53527 US

**FEI Number: 41-1388075**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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, PRESIDENT  
Name KENNEY, MAUREEN M  
Address 209 LIMESTONE PASS  
City-State-Zip: COTTAGE GROVE WI 53527

Title SECRETARY  
Name ARINGTON, LISA A  
Address 209 LIMESTONE PASS  
City-State-Zip: COTTAGE GROVE WI 53527

Title DIRECTOR  
Name GLESINGER, GREGORY A  
Address 209 LIMESTONE PASS  
City-State-Zip: COTTAGE GROVE WI 53527

Title DIRECTOR  
Name ARINGTON, JOSEPH  
Address 209 LIMESTONE PASS  
City-State-Zip: COTTAGE GROVE WI 53527

Title DIRECTOR  
Name BUCHHOLZ, PATRICK  
Address 209 LIMESTONE PASS  
City-State-Zip: COTTAGE GROVE WI 53527

Title DIRECTOR  
Name LONIGRO, RICK  
Address 209 LIMESTONE PASS  
City-State-Zip: COTTAGE GROVE WI 53527

*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: MAUREEN M. KENNEY**

**PRESIDENT**

**03/06/2023**

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

\_\_\_\_\_  
Date