

2024 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

Title DIRECTOR
Name GLESINGER, NICOLE
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

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date