

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000003028

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

**FILED**  
**Apr 19, 2022**  
**Secretary of State**  
**7291672981CC**

**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            PRES  
Name            KENNEY, MAUREEN M  
Address        209 LIMESTONE PASS  
City-State-Zip: COTTAGE GROVE WI 53527

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

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

Title            DIR  
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: LISA A. ARINGTON**

**SECRETARY**

**04/19/2022**

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

\_\_\_\_\_  
Date