

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000003548

**FILED**  
**Apr 28, 2022**  
**Secretary of State**  
**1744475815CC**

**Entity Name:** REMEDY MEDICAL PROPERTIES, INC.

**Current Principal Place of Business:**

800 W. MADISON STREET  
SUITE 400  
CHICAGO, IL 60607

**Current Mailing Address:**

800 W. MADISON STREET  
SUITE 400  
CHICAGO, IL 60607 US

**FEI Number:** 94-3700482

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET  
SUITE 4  
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            PRESIDENT, CEO  
Name            BAVLSIK, KRISTA M  
Address        800 W MADISON STREET #400  
City-State-Zip: CHICAGO IL 60607

Title            AS  
Name            ZIMMERMAN, KRISTEN  
Address        1601 N SEPULVEDA BOULEVARD  
                  #341  
City-State-Zip: MANHATTAN BEACH CA 90266

Title            AS  
Name            NESBITT, JON  
Address        22042 ROCKPORT LANE  
City-State-Zip: HUNTINGTON BEACH CA 92646

Title            AS  
Name            DENNEBERG, GARY  
Address        9301 NORTH CENTRAL EXPRESSWAY  
                  ST 335A  
City-State-Zip: DALLAS TX 75231

Title            AS  
Name            BECK, LISA  
Address        1800 HOWELL MILL ROAD, SUITE 110  
City-State-Zip: ATLANTA GA 30318

Title            AS  
Name            BOGEL, DALTON  
Address        5555 DTC PARKWAY, SUITE 225  
City-State-Zip: GREENWOOD VILLAHE CO 80111

Title            AS  
Name            JOHNSON, CAROLYN  
Address        505 PLANTATION CREEK DRIVE  
City-State-Zip: LOGANVILLE GA 30052

Title            ASST. SECRETARY  
Name            HIGBEE, ALLYSIA  
Address        7418 W. SONESTA DR.  
City-State-Zip: TUCSON AZ 85743

**Continues on page 2**

*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:** KRISTA M. BAVLSIK

**PRESIDENT**

**04/28/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY/TREASURER  
Name GRAINES, GREGG  
Address 800 W. MADISON STREET  
SUITE 400  
City-State-Zip: CHICAGO IL 60607

Title ASSISTANT SECRETARY  
Name GRAHAM, MELINDA  
Address 14 HACIENDA DRIVE  
City-State-Zip: ENGLEWOOD FL 34223

Title ASSISTANT SECRETARY  
Name MICHELE GANNON GROVE, LAUREN  
Address 2145 N M COURT  
City-State-Zip: WASHOUGAL WA 98671

Title ASSISTANT SECRETARY  
Name MATTOON, JULIE  
Address 70 TOURNAMENT WAY, B  
City-State-Zip: THE HILLS TX 78738