

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002028

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** AKSM/GENESIS MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

797 THOMAS LANE  
COLUMBUS, OH 43214

**New Principal Place of Business:**

**Current Mailing Address:**

797 THOMAS LANE  
COLUMBUS, OH 43214

**New Mailing Address:**

FEI Number: 30-0115636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: WISE, II, HENRY A M.D.  
Address: 797 THOMAS LANE  
City-St-Zip: COLUMBUS, OH 43214

Title: ST  
Name: KOFF, STEPHEN A M.D.  
Address: 797 THOMAS LANE  
City-St-Zip: COLUMBUS, OH 43214

Title: AS  
Name: BUERGENTHAL, ALAN F ESQ  
Address: 797 THOMAS LANE  
City-St-Zip: COLUMBUS, OH 43214

Title: AS  
Name: HUGHES, RIC  
Address: 797 THOMAS LANE  
City-St-Zip: COLUMBUS, OH 43214

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: RIC HUGHES

AS

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date