

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F88982

FILED  
Mar 23, 2006  
Secretary of State

Entity Name: MEDMARK SERVICES, INC.

## Current Principal Place of Business:

TWO TRANSAM PLAZA DRIVE, STE 420  
OAKBROOK TERRACE, IL 60181

## New Principal Place of Business:

## Current Mailing Address:

TWO TRANSAM PLAZA DRIVE, STE 420  
OAKBROOK TERRACE, IL 60181

## New Mailing Address:

FEI Number: 59-2212083      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CT 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEOP ( ) Delete  
Name: GECSEY, WILLIAM J  
Address: 311 S. WHACKER, SUITE 650  
City-St-Zip: CHICAGO, IL 60606

Title: BM ( ) Delete  
Name: WILLCOXON, SAM  
Address: 1513 LAKESHORE DR  
City-St-Zip: BARRINGTON, IL 60010

Title: BM ( ) Delete  
Name: STEFFY, DAVID  
Address: 6 CYPRESS POINT LANE  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: BM ( ) Delete  
Name: COLLINSON, JEFF  
Address: 1055 WASHINGTON BLVD  
City-St-Zip: STAMFORD, CT 06901

Title: CFOS ( ) Delete  
Name: GROVE, MICHAEL W  
Address: 311 S. WACKER, SUITE 650  
City-St-Zip: CHICAGO, IL 60606

Title: BM ( ) Delete  
Name: WEINHOFF, GREGORY M MD  
Address: 1055 WASHINGTON BLVD  
City-St-Zip: STAMFORD, CT 06901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change ( ) Addition  
Name: GECSEY, WILLIAM J  
Address: TWO TRANSAM PLAZA DRIVE, SUITE 420  
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFOS (X) Change ( ) Addition  
Name: GROVE, MICHAEL W  
Address: TWO TRANSAM PLAZA DRIVE, SUITE 420  
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL W. GROVE

CFOS

03/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date