2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007
Secretary of State

DOCUMENT# F88982

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:	TWO TRANSAM PLAZA DRIVE, SUITE 420	
City-St-Zip:	OAKBROOK TERRACE, IL 60181	
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:	TWO TRANSAM PLAZA DRIVE, SUITE 420	
City-St-Zip:	OAKBROOK TERRACE, IL 60181	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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:	PARILLA, MICHAEL	
Address:	TWO TRANSAM PLAZA DRIVE, SUITE 420	
City-St-Zip:	OAKBROOK TERRACE, IL 60181	
Title:	BM	(X) Change ( ) Addition
Name:	HOWE, TIMOTHY	
Address:	1055 WASHINGTON BLVD	
City-St-Zip:	STAMFORD, CT 06901	

I hereby certify that the information supplied with this filing does not qualify 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 HOWE CFOS 05/22/2007

Electronic Signature of Signing Officer or Director — Date