

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90303 014 ***150.00

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DOCUMENT # F88982

1. Entity Name
MEDMARK SERVICES, INC.



Principal Place of Business
1688 MERIDIAN AVENUE
SUITE 502
MIAMI FL 33139

Mailing Address
1688 MERIDIAN AVENUE
SUITE 502
MIAMI FL 33139
US



2. Principal Place of Business
311 S. WACKER

3. Mailing Address
311 S. WACKER

Suite, Apt. #, etc.
SUITE 650

Suite, Apt. #, etc.
SUITE 650

City & State
CHICAGO IL

City & State
CHICAGO IL

Zip
60606

Country
USA

Zip
60606

Country
USA

4. FEI Number **59-2212083**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

TARACIDO, MANUEL E
1688 MERIDIAN AVENUE
SUITE 502
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
LANIER, RAY D 1146 19TH STREET NW STE 200 WASHINGTON DC 20036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TARACIDO, MANUEL E 1688 MERIDIAN AVENUE SUITE 502 MIAMI BEACH FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CHAIRMAN OF THE BOARD MANUEL E TARACIDO 311 S. WACKER - SUITE 650 CHICAGO IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
BOARD MEMBER TARACIDO, MANUEL E 1688 MERIDIAN AVENUE, SUITE 502 MIAMI BEACH FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CHIEF EXECUTIVE OFFICER SAMUEL WELCH 311 S. WACKER - SUITE 650 CHICAGO IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM J. GECSEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03

312-341-9133

Date **Daytime Phone #**

CR2E034 (10/02)