2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# M00000002697

Entity Name: HEALTHMARK SALES, LLC

Current Principal Place of Business:

17800 ROYALTON ROAD
STRONGSVILLE, OH 44136

New Principal Place of Business:

250 EAST FIFTH STREET
CINCINNATI, OH 45202

Current Mailing Address:

17800 ROYALTON ROAD
STRONGSVILLE, OH 44136

New Mailing Address:

250 EAST FIFTH STREET
CINCINNATI, OH 45202

FEI Number: 34-1920479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CERES SALES, LLC,	
Address:	17800 ROYALTON ROAD	
City-St-Zip:	STRONGSVILLE, OH 44136	
Title:	MGR	( ) Delete
Name:	WOLFRAM, BRADLEY A	
Address:	17800 ROYALTON RD	
City-St-Zip:	STRONGSVILLE, OH 44136	
Title:	MGR	(X) Delete
Name:	WILLIAMS, GLORIA J	
Address:	17800 RAYOLTON RD	
City-St-Zip:	STRONGSVILLE, OH 44136	
Title:	MGR	(X) Delete
Name:	BLACKWELL, DENISE A	
Address:	17800 ROYALTON RD	
City-St-Zip:	STRONGSVILLE, OH 44136	
Title:	MGR	(X) Delete
Name:	VICKERS, DAVID I	
Address:	17800 ROYALTON RD	
City-St-Zip:	STRONGSVILLE, OH 44136	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	CERES SALES, LLC,	
Address:	250 EAST FIFTH STREET	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	MGR	(X) Change ( ) Addition
Name:	VICKERS, DAVID I	
Address:	6201 JOHNSON DRIVE	
City-St-Zip:	SHAWNEE MISSION, KS 66202	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID I. VICKERS MGR 04/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date