2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# M00000002697

Entity Name: HEALTHMARK SALES, LLC

Current Principal Place of Business:

250 EAST FIFTH STREET
CINCINNATI, OH 45202

New Principal Place of Business:

Current Mailing Address:

250 EAST FIFTH STREET
CINCINNATI, OH 45202

New Mailing Address:

FEI Number: 34-1920479 **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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CERES SALES, LLC,
Address: 250 EAST FIFTH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: MGR ( ) Delete
Name: VICKERS, DAVID I
Address: 6201 JOHNSON DRIVE
City-St-Zip: SHAWNEE MISSION, KS 66202

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: MUETHING, MARK F
Address: 250 EAST FIFTH STREET
City-St-Zip: CINCINNATI, OH 45202

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 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: MARK F. MUETHING MGR 04/11/2008

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