

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004696

Entity Name: RMS LIFELINE INC.

Current Principal Place of Business:

ONE PARKWAY NORTH
SUITE 200S
DEERFIELD, IL 60015

Current Mailing Address:

ONE PARKWAY NORTH
SUITE 200S
DEERFIELD, IL 60015 US

FEI Number: 36-4258607

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title DIRECTOR, SECRETARY
Name BROSTOFF , BARRY
Address C/O RMS LIFELINE INC.
 ONE PARKWAY NORTH SUITE 200S
City-State-Zip: DEERFIELD IL 60015

Title DIRECTOR, TREASURER
Name ANDERSON , MARGARET
Address C/O RMS LIFELINE INC.
 ONE PARKWAY NORTH SUITE 200S
City-State-Zip: DEERFIELD IL 60015

Title DIRECTOR, CEO, PRESIDENT
Name PEO, JEFFREY
Address C/O RMS LIFELINE INC.
 ONE PARKWAY NORTH SUITE 200S
City-State-Zip: DEERFIELD IL 60015

Title DIRECTOR, COO, VP
Name RAHM, LINDA
Address C/O RMS LIFELINE INC.
 ONE PARKWAY NORTH SUITE 200S
City-State-Zip: DEERFIELD IL 60015

Title CFO
Name LOHMEYER, JASON
Address C/O RMS LIFELINE INC.
 ONE PARKWAY NORTH SUITE 200S
City-State-Zip: DEERFIELD IL 60015

I hereby 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 all other like empowered.

SIGNATURE: JASON LOHMEYER

CFO

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date