

**2022 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           SR DIRECTOR OF FINANCE  
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

**SR. DIRECTOR OF  
FINANCE**

**05/02/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date