

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004696

**Entity Name:** RMS LIFELINE INC.

**Current Principal Place of Business:**

3 HAWTHORN PARKWAY  
SUITE 410  
VERNON HILLS, IL 60061

**Current Mailing Address:**

3 HAWTHORN PARKWAY  
SUITE 410  
VERNON HILLS, IL 60061 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 3 HAWTHORN PARKWAY  
SUITE 410  
City-State-Zip: VERNON HILLS IL 60061

Title DIRECTOR, TREASURER  
Name ANDERSON , MARGARET  
Address 3 HAWTHORN PARKWAY  
SUITE 410  
City-State-Zip: VERNON HILLS IL 60061

Title DIRECTOR, CEO, PRESIDENT  
Name PEO, JEFFREY  
Address 3 HAWTHORN PARKWAY  
SUITE 410  
City-State-Zip: VERNON HILLS IL 60061

Title DIRECTOR, COO, VP  
Name RAHM, LINDA  
Address 3 HAWTHORN PARKWAY  
SUITE 410  
City-State-Zip: VERNON HILLS IL 60061

Title SR DIRECTOR OF FINANCE  
Name LOHMEYER, JASON  
Address 3 HAWTHORN PARKWAY  
SUITE 410  
City-State-Zip: VERNON HILLS IL 60061

*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

09/17/2021

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

\_\_\_\_\_ Date