

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002028

**Entity Name:** AKSM/GENESIS MEDICAL SERVICES, INC.

**FILED**  
**Jan 07, 2014**  
**Secretary of State**  
**CC5586924851**

**Current Principal Place of Business:**

100 W THIRD AVENUE  
SUITE 350  
COLUMBUS, OH 43201

**Current Mailing Address:**

100 W THIRD AVE  
SUITE 350  
COLUMBUS, OH 43201 US

**FEI Number: 30-0115636**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            ST  
Name            KOFF, STEPHEN AM.D.  
Address        100 WEST THIRD AVE  
                  SUITE 350  
City-State-Zip: COLUMBUS OH 43201

Title            AS  
Name            BUERGENTHAL, ALAN FESQ  
Address        100 W THIRD AVE  
                  SUITE 350  
City-State-Zip: COLUMBUS OH 43201

Title            AS  
Name            HUGHES, RIC  
Address        100 W THIRD AVE  
                  SUITE 350  
City-State-Zip: COLUMBUS OH 43201

*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: RIC HUGHES**

**CFO**

**01/07/2014**

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

\_\_\_\_\_  
Date