2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003974

Entity Name: MEDMARK SERVICES. INC.

Current Principal Place of Business:

1720 LAKEPOINTE DRIVE SUITE 117

LEWISVILLE, TX 75057

Current Mailing Address:

1720 LAKEPOINTE DRIVE

SUITE 117

LEWISVILLE, TX 75057 US

FEI Number: 59-2212083 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Apr 13, 2018

Secretary of State

CC5704447866

Officer/Director Detail:

Title CEO, PRESIDENT, DIRECTOR Title CFO, EXECUTIVE VP, TREASURER

WHITE. DAVID GUTSCHENRITTER, DANIEL Name Name

Address 1720 LAKEPOINTE DRIVE Address 1720 LAKEPOINTE DRIVE

> SUITE 117 SUITE 117

LEWISVILLE TX 75057 LEWISVILLE TX 75057 City-State-Zip:

Title **SECRETARY** Title COO, EXECUTIVE VP BAUMANN, FRANK BAUMANN, FRANK Name Name

1720 LAKEPOINTE DRIVE 1720 LAKEPOINTE DRIVE Address Address

SUITE 117 SUITE 117

LEWISVILLE TX 75057 City-State-Zip: LEWISVILLE TX 75057 City-State-Zip:

Title SENIOR VP, PRIMARY CARE AND EXECUTIVE VP, DIRECTOR Title

KLETTER, JASON Name Name KLETTER, MICHELLE

1720 LAKEPOINTE DRIVE Address

1720 LAKEPOINTE DRIVE Address SUITE 117

MENTAL HEALTH

SUITE 117 LEWISVILLE TX 75057

City-State-Zip: City-State-Zip: LEWISVILLE TX 75057

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.

04/13/2018 SIGNATURE: FRANK BAUMANN **SECRETARY**