

2021 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/CEO
Name WHITE, DAVID
Address 1720 LAKEPOINTE DRIVE
 SUITE 117
City-State-Zip: LEWISVILLE TX 75057

Title DIRECTOR
Name KLETTER, MICHELLE
Address 1720 LAKEPOINTE DRIVE
 SUITE 117
City-State-Zip: LEWISVILLE TX 75057

Title EXECUTIVE VICE PRESIDENT
Name D'ANDRIA, GILBERT
Address 1720 LAKEPOINTE DRIVE
 SUITE 117
City-State-Zip: LEWISVILLE TX 75057

Title TREASURER/CFO
Name D'ANDRIA, GILBERT
Address 1720 LAKEPOINTE DRIVE
 SUITE 117
City-State-Zip: LEWISVILLE TX 75057

Title DIRECTOR
Name KLETTER, JASON
Address 1720 LAKEPOINTE DRIVE
 SUITE 117
City-State-Zip: LEWISVILLE TX 75057

Title DIRECTOR
Name WHITE, DAVID
Address 1720 LAKEPOINTE DRIVE
 SUITE 117
City-State-Zip: LEWISVILLE TX 75057

Title SENIOR VP, PRIMARY CARE AND
 MENTAL HEALTH
Name KLETTER, MICHELLE
Address 1720 LAKEPOINTE DRIVE
 SUITE 117
City-State-Zip: LEWISVILLE TX 75057

Title EXECUTIVE VICE PRESIDENT
Name KLETTER, JASON
Address 1720 LAKEPOINTE DRIVE
 SUITE 117
City-State-Zip: LEWISVILLE TX 75057

Continues on page 2

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: FRANK BAUMANN**SECRETARY****04/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title COO
Name BAUMANN, FRANK
Address 1720 LAKEPOINTE DRIVE
SUITE 117
City-State-Zip: LEWISVILLE TX 75057

Title SECRETARY
Name BAUMANN, FRANK
Address 1720 LAKEPOINTE DRIVE
SUITE 117
City-State-Zip: LEWISVILLE TX 75057

Title EXECUTIVE VICE PRESIDENT
Name BAUMANN, FRANK
Address 1720 LAKEPOINTE DRIVE
SUITE 117
City-State-Zip: LEWISVILLE TX 75057