

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000004842

Entity Name: MEDPRO RISK RETENTION SERVICES, INC.

Current Principal Place of Business:

5814 REED ROAD
FORT WAYNE, IN 46835

Current Mailing Address:

5814 REED ROAD
FORT WAYNE, IN 46835 US

FEI Number: 26-3419943

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 C P CEO
Name KENESEY, TIMOTHY J
Address 5814 REED ROAD
City-State-Zip: FORT WAYNE IN 46835

Title D VC VP T
Name BOWSER, ANTHONY A
Address 5814 REED ROAD
City-State-Zip: FORT WAYNE IN 46835

Title SECRETARY
Name ADAMS, ANGELA
Address 5814 REED ROAD
City-State-Zip: FORT WAYNE IN 46835

Title CMO D
Name BILLINGHAM, GRAHAM DR
Address 10556 COMBIE ROAD
PMB 6248
City-State-Zip: AUBURN CA 95602

Title DIRECTOR
Name WALKER, RANDY
Address 5814 REED ROAD
City-State-Zip: FORT WAYNE IN 46835

Title DIRECTOR
Name BENEDICT, JACOB D
Address 5814 REED ROAD
City-State-Zip: FORT WAYNE IN 46835

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: ANTHONY BOWSER

CFO/TREASURER

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date