2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000247

Entity Name: MEDICAL CONFERENCES INTERNATIONAL, INC.

Current Principal Place of Business:

1510 W. MONTANA ST.
CHICAGO, IL 60614

Current Mailing Address:

175 NORTH PATRICK BLVD
 SUITE 180
BROOKFIELD, WI 53045 US

FEI Number: 34-1994134

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	PD	Title	DS
Name	GOLDMAN, ROBERT M	Name	KLATZ, RONALD M
Address	1510 W. MONTANA ST.	Address	1510 W. MONTANA ST.
City-State-Zip:	CHICAGO IL 60614	City-State-Zip:	CHICAGO IL 60614

Title	VP	Title	VP
Name	KROGULSKI, STEPHEN	Name	SMITH, SIMON
Address	175 NORTH PATRICK BLVD SUITE 180	Address	175 NORTH PATRICK BLVD SUITE 180
City-State-Zip:	BROOKFIELD WI 53005	City-State-Zip:	BROOKFIELD WI 53045

Title	TREASURER	Title	DIRECTOR
Name	SHERMAN, ANDREW	Name	BUCH, NEVILLE
Address	175 NORTH PATRICK BLVD SUITE 180	Address	175 NORTH PATRICK BLVD SUITE 180
City-State-Zip:	BROOKFIELD WI 53045	City-State-Zip:	BROOKFIELD WI 53045

Title	DIRECTOR
Name	EMSLIE, J. DOUGLAS
Address	175 NORTH PATRICK BLVD SUITE 180
City-State-Zip:	BROOKFIELD WI 53045

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: ANDREW SHERMAN   TREASURER   03/23/2017

Electronic Signature of Signing Officer/Director Detail   Date