

**2023 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:**

6300 N. RIVER ROAD  
STE. 301  
ROSEMONT, IL 60018 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            PRESIDENT, DIRECTOR  
Name            GOLDMAN, ROBERT M  
Address        1510 W. MONTANA ST.  
City-State-Zip: CHICAGO IL 60614

Title            SECRETARY, DIRECTOR  
Name            KLATZ, RONALD M  
Address        1510 W. MONTANA ST.  
City-State-Zip: CHICAGO IL 60614

Title            VP  
Name            SMITH, SIMON  
Address        6300 N. RIVER ROAD  
                  STE. 301  
City-State-Zip: ROSEMONT IL 60018

Title            TREASURER  
Name            PENNINGTON, MARK  
Address        6300 N. RIVER ROAD  
                  STE. 301  
City-State-Zip: ROSEMONT IL 60018

Title            DIRECTOR  
Name            EMSLIE, J. DOUGLAS  
Address        6300 N. RIVER ROAD  
                  STE. 301  
City-State-Zip: ROSEMONT IL 60018

*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:** MARK PENNINGTON

**TREASURER**

**04/10/2023**

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

\_\_\_\_\_  
Date