

**2019 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, DIRECTOR  
Name            WHITE, DAVID  
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            TREASURER  
Name            GUTSCHENRITTER, DANIEL  
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

*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**

**03/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date