## **2020 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: NOT APPLICABLE 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:

Address

**Electronic Signature of Registered Agent** 

Date

FILED May 28, 2020

Secretary of State

5897026023CC

Officer/Director Detail:

SUITE 117

Title DIRECTOR Title DIRECTOR

Name KLETTER, JASON Name WHITE, DAVID

Address 1720 LAKEPOINTE DRIVE Address 1720 LAKEPOINTE DRIVE

SUITE 117

City-State-Zip: LEWISVILLE TX 75057 City-State-Zip: LEWISVILLE TX 75057

Title SENIOR VP, PRIMARY CARE AND Title EXECUTIVE VICE PRESIDENT

MENTAL HEALTH Name KLETTER, JASON

Name KLETTER, MICHELLE

Address 1720 LAKEPOINTE DRIVE SUITE 117

SUITE 117

City-State-Zip: LEWISVILLE TX 75057

Title COO Title EXECUTIVE VICE PRESIDENT

Name BAUMANN, FRANK
Name BAUMANN, FRANK

Address 1720 LAKEPOINTE DRIVE

1720 LAKEPOINTE DRIVE SUITE 117

SUITE 117 City-State-Zip: LEWISVILLE TX 75057

Title SECRETARY Title EXECUTIVE VICE PRESIDENT

Name GUTSCHENRITTER, DANIEL
Name BAUMANN, FRANK

Address 1720 LAKEPOINTE DRIVE Address SUITF 117

1720 LAKEPOINTE DRIVE SUITE 117
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: DAVID WHITE PRESIDENT/CEO 05/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

TitleTREASURER/CFOTitlePRESIDENT/CEONameGUTSCHENRITTER, DANIELNameWHITE, DAVID

Address 1720 LAKEPOINTE DRIVE Address 1720 LAKEPOINTE DRIVE

SUITE 117 SUITE 117

City-State-Zip: LEWISVILLE TX 75057 City-State-Zip: LEWISVILLE TX 75057