

No. C 165051		Due no later than Feb 28, 2018		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SPECIALIZED MEDICAL SERVICES, INC. SPECIALIZED MEDICAL SERVICES, INC. 5343 NORTH 118TH COURT MILWAUKEE WI 53225-3085		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
TREASURER	EDWARD LONG	7417 CASCADE WAY	GURNEE	IL	USA	60030
SECRETARY	GARRETT M MONDA	189 SENLAC HILLS DRIVE	CHAGRIN FALLS	OH	USA	44022
DIRECTOR	DAVID W. BECK	W174 N9419 JOPER RD	MENOMONEE FALLS	WI	USA	53051
TREASURER	DANIEL J HAYNES	7779 SUNSTONE DR	BRECKSVILLE	OH	USA	44141
DIRECTOR	DEBRA GRIFFITH	1357 EDINBURGH DR	CARMEL	IN	USA	46033
DIRECTOR	DONALD INSUL	5188 OLD GALLOWS WAY	NAPLES	FL	USA	34105
DIRECTOR	STEVEN F MARSHALL	W160 N8211 OLD ORCHARD CT	MILWAUKEE	WI	USA	53225
DIRECTOR	JOHN J NESTOR	5343 NORTH 118TH COURT	MENOMONEE FALLS	WI	USA	53051
DIRECTOR	WALLACE WEEKS	424 EAST CENTRAL BLVD. #183	ORLANDO	FL	USA	32801
DIRECTOR	BRUCE YARWOOD	2637 MARCEY RD	ARLINGTON	VA	USA	22207
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
WI C 165051		Signature: Garrett M. Monda		Date: 01/18/2018		
		Name (type or print): Garrett M. Monda		Title: SECRETARY		
Processed 01/18/2018		* Electronically provided signatures are accepted as original signatures.				