

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006602

Entity Name: MEDIVANCE, INC.**Current Principal Place of Business:**321 SOUTH TAYLOR AVENUE
LOUISVILLE, CO 80027-3076**Current Mailing Address:**321 SOUTH TAYLOR AVENUE
LOUISVILLE, CO 80027-3076 US**FEI Number:** 84-1462606**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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 CURRY, PETER R.
Address 321 SOUTH TAYLOR AVENUE
City-State-Zip: LOUISVILLE CO 80027-3076

Title SECRETARY, DIRECTOR
Name KHICHI, SAMRAT S.
Address 321 SOUTH TAYLOR AVENUE
City-State-Zip: LOUISVILLE CO 80027-3076

Title TREASURER
Name LOWRY, SCOTT T.
Address 321 SOUTH TAYLOR AVENUE
City-State-Zip: LOUISVILLE CO 80027-3076

Title DIRECTOR
Name HOLLAND, CHRISTOPHER S.
Address 321 SOUTH TAYLOR AVENUE
City-State-Zip: LOUISVILLE CO 80027-3076

Title DIRECTOR
Name WEILAND, JOHN H.
Address 321 SOUTH TAYLOR AVENUE
City-State-Zip: LOUISVILLE CO 80027-3076

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: SCOTT T. LOWRY

TREASURER

03/28/2016

Electronic Signature of Signing Officer/Director Detail_____
Date