# 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1400000418

Entity Name: MEDICA SALES CORPORATION

#### **Current Principal Place of Business:**

5 OAK PARK DRIVE BEDFORD, MA 01730

### **Current Mailing Address:**

5 OAK PARK DRIVE BEDFORD, MA 01730

# FEI Number: 04-2808621

### 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

### **Officer/Director Detail :**

| Title                                       | VP   | Title                                       | DIRECTOR  |
|---|--|---|---|
| Name  | GALLAGHER, CAIRANN   | Name  | GALLWAS, GERALD   |
| Address                                     | 5 OAK PARK DRIVE   | Address                                     | 5 OAK PARK DRIVE  |
| City-State-Zip:                             | BEDFORD MA 01730   | City-State-Zip:                             | BEDFORD MA 01730  |
| Title                                       | DIRECTOR, PRESIDENT  | Title                                       | DIRECTOR  |
| Name  | HAGOPIAN, ROBERT W.  | Name  | ROGERS, CHARLES   |
| Address                                     | 5 OAK PARK DRIVE   | Address                                     | 5 OAK PARK DRIVE  |
| City-State-Zip:                             | BEDFORD MA 01730   | City-State-Zip:                             | BEDFORD MA 01730  |
| Title                                       | DIRECTOR, SECRETARY  | Title                                       | DIRECTOR  |
| Name  | SCHAFER, ROBERT  | Name  | WILLSON, THOMAS   |
| Address                                     | 5 OAK PARK DRIVE   | Address                                     | 5 OAK PARK DRIVE  |
| City-State-Zip:                             | BEDFORD MA 01730   | City-State-Zip:                             | BEDFORD MA 01730  |
| City-State-Zip:<br>Title<br>Name<br>Address | BEDFORD MA 01730<br>DIRECTOR, SECRETARY<br>SCHAFER, ROBERT<br>5 OAK PARK DRIVE | City-State-Zip:<br>Title<br>Name<br>Address | BEDFORD MA 01730<br>DIRECTOR<br>WILLSON, THOMAS<br>5 OAK PARK DRIVE |

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: CAIRANN GALLAGHER

VICE PRESIDENT

04/05/2016

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No

Date