

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000418

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

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	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

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

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date