

**2021 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 US

**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            PRESIDENT  
Name            HAGOPIAN, ROBERT W.  
Address        5 OAK PARK DRIVE  
City-State-Zip: BEDFORD MA 01730

Title            CHAIRMAN  
Name            HAGOPIAN, ROBERT W.  
Address        5 OAK PARK DRIVE  
City-State-Zip: BEDFORD MA 01730

Title            VP  
Name            GALLAGHER, CAIRANN  
Address        5 OAK PARK DRIVE  
City-State-Zip: BEDFORD MA 01730

Title            VC  
Name            WILLSON, THOMAS  
Address        5 OAK PARK DRIVE  
City-State-Zip: BEDFORD MA 01730

Title            SECRETARY  
Name            SCHAFER, ROBERT  
Address        5 OAK PARK DRIVE  
City-State-Zip: BEDFORD MA 01730

Title            DIRECTOR  
Name            SCHAFER, ROBERT  
Address        5 OAK PARK DRIVE  
City-State-Zip: BEDFORD MA 01730

Title            DIRECTOR  
Name            GALLWAS, GERALD  
Address        5 OAK PARK DRIVE  
City-State-Zip: BEDFORD MA 01730

Title            DIRECTOR  
Name            ROGERS, CHARLES  
Address        5 OAK PARK DRIVE  
City-State-Zip: BEDFORD MA 01730

**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:** CAIRANN GALLAGHER

**VICE PRESIDENT**

**04/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CFO  
Name GAZLEY, SHARON L.  
Address 5 OAK PARK DRIVE  
City-State-Zip: BEDFORD MA 01730