

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000418

**FILED  
Apr 13, 2015  
Secretary of State  
CC2517382541**

**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	CHAIRMAN, PRESIDENT, DIRECTOR	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	SECRETARY, DIRECTOR	Title	VC, 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**

**04/13/2015**

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

\_\_\_\_\_  
Date