

**2023 FOREIGN PROFIT CORPORATION AMENDED 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, ASSISTANT SECRETARY  
Name            HAGOPIAN, ROBERT W.  
Address        158 LEWIS RD  
City-State-Zip: BELMONT MA 02178

Title            SECRETARY, DIRECTOR  
Name            SCHAFER, ROBERT  
Address        161 LEWIS ROAD  
City-State-Zip: BELMONT MA 02718

Title            DIRECTOR  
Name            ROGERS, CHARLES  
Address        509 MONPONSETT STREET  
City-State-Zip: HALIFAX MA 02338

Title            TREASURER  
Name            HAGOPIAN, DAVID G  
Address        23 GOULD ROAD  
City-State-Zip: BEDFORD MA 01730

Title            DIRECTOR  
Name            WILSON, THOMAS  
Address        46 LINCOLN STREET  
City-State-Zip: BELMONT MA 02178

*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:** DAVID G HAGOPIAN

**TREASURER**

**05/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date