

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P30875

**Entity Name:** MEDICAL DEVICE TECHNOLOGIES, INC.

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC0521917702**

**Current Principal Place of Business:**

272 EAST DEERPATH  
SUITE 212  
LAKE FOREST, IL 60045

**Current Mailing Address:**

272 EAST DEERPATH  
SUITE 212  
LAKE FOREST, IL 60045 US

**FEI Number: 36-3723996**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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            HUDSON, MICHAEL J  
Address        272 EAST DEERPATH  
                 SUITE 212  
City-State-Zip: LAKE FOREST IL 60045

Title            VP  
Name            MCNALLY, SHARON C.  
Address        272 EAST DEERPATH  
                 SUITE 212  
City-State-Zip: LAKE FOREST IL 60045

Title            SECRETARY  
Name            FEATHER, WILLIAM L.  
Address        272 EAST DEERPATH  
                 SUITE 212  
City-State-Zip: LAKE FOREST IL 60045

Title            TREASURER  
Name            ADLOFF, RICHARD C.  
Address        272 EAST DEERPATH  
                 SUITE 212  
City-State-Zip: LAKE FOREST IL 60045

Title            DIRECTOR  
Name            DAMICO, JOSEPH F.  
Address        272 EAST DEERPATH  
                 SUITE 212  
City-State-Zip: LAKE FOREST IL 60045

Title            DIRECTOR  
Name            MCGINLEY, JACK  
Address        272 EAST DEERPATH  
                 SUITE 212  
City-State-Zip: LAKE FOREST IL 60045

Title            DIRECTOR  
Name            KUHR, LEONARD G.  
Address        272 EAST DEERPATH  
                 SUITE 212  
City-State-Zip: LAKE FOREST IL 60045

Title            DIRECTOR  
Name            COLLISTER, CRAIG  
Address        272 EAST DEERPATH  
                 SUITE 212  
City-State-Zip: LAKE FOREST IL 60045

**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: SHARON C. MCNALLY**

**VP**

**04/30/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SISTERMAN, ROGER  
Address        272 EAST DEERPATH  
                  SUITE 212  
City-State-Zip: LAKE FOREST IL 60045