

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90025 034 ***150.00

DOCUMENT # P98000092160

1. Entity Name

Medical Initiatives, Inc.



DO NOT WRITE IN THIS SPACE

24001068

2. Principal Place of Business

1300 Morris Drive

3. Mailing Address

1300 Morris Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Chesterbrook, PA

City & State
Chesterbrook, PA

4. FEI Number
33-0810294

Applied For
Not Applicable

Zip
19087

Country
USA

Zip
19087

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when not satisfied)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PRESIDENT	Steven H. Collis	1300 Morris Drive	Chesterbrook, PA 19087
SVP and CFO	Michael D. Dicandilo	1300 Morris Drive	Chesterbrook, PA 19087
VP and Corporate Treasurer	J.F. Quinn	1300 Morris Drive	Chesterbrook, PA 19087
SVP and Secretary	William D. Sprague	1300 Morris Drive	Chesterbrook, PA 19087
Assistant Secretary	Vicki L. Bausinger	1300 Morris Drive	Chesterbrook, PA 19087
Assistant Secretary	Daniel T. Hirst	1300 Morris Drive	Chesterbrook, PA 19087

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel T. Hirst

Date

Daytime Phone #

610-727-7000