


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000092160 1. Entity Name MEDICAL INITIATIVES, INC.	
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Principal Place of Business 1300 MORRIS DRIVE CHESTERBROOK, PA 19087-5594	Mailing Address PO BOX 959 VALLEY FORGE, PA 19482 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-0810294	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	COLLIS, STEVE
STREET ADDRESS	1300 MORRIS DRIVE
CITY - ST - ZIP	CHESTERBROOK, PA 19087
TITLE	SVPC
NAME	DICANDILO, MICHAEL D
STREET ADDRESS	1300 MORRIS DRIVE
CITY - ST - ZIP	CHESTERBROOK, PA 19087
TITLE	VPT
NAME	QUINN, J F
STREET ADDRESS	1300 MORRIS DRIVE
CITY - ST - ZIP	CHESTERBROOK, PA 19087
TITLE	SVPS
NAME	SPRAGUE, WILLIAM D
STREET ADDRESS	1300 MORRIS DRIVE
CITY - ST - ZIP	CHESTERBROOK, PA 19087
TITLE	AS
NAME	BAUSINGER, VICKI L
STREET ADDRESS	1300 MORRIS DRIVE
CITY - ST - ZIP	CHESTERBROOK, PA 19087
TITLE	AS
NAME	HIRST, DANIEL T
STREET ADDRESS	1300 MORRIS DRIVE
CITY - ST - ZIP	CHESTERBROOK, PA 19087

**DO NOT WRITE
IN THIS SPACE**

1000000264128
03/16/05-80003-000 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Daniel T. Hirst</u>	<u>DANIEL T. HIRST</u>	<u>3/9/05</u>	<u>640 727 7000</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>