

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90183 010 ***150.00

DOCUMENT # P98000092160

1. Entity Name
MEDICAL INITIATIVES, INC.



Principal Place of Business
**1300 MORRIS DRIVE
CHESTERBROOK, PA 19087**

Mailing Address
**1300 MORRIS DRIVE
CHESTERBROOK, PA 19087 US**

40067867



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0810294

Applied For
Not Applicable

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
COLLIS, STEVE
1300 MORRIS DRIVE
CHESTERBROOK, PA 19087**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVPC
DICANDILO, MICHAEL D
1300 MORRIS DRIVE
CHESTERBROOK, PA 19087**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPT
QUINN, J F
1300 MORRIS DRIVE
CHESTERBROOK, PA 19087**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPS
CHOU, JOHN
1300 MORRIS DRIVE
CHESTERBROOK, PA 19087**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
BAUSINGER, VICKI L
1300 MORRIS DRIVE
CHESTERBROOK, PA 19087**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
HIRST, DANIEL T
1300 MORRIS DRIVE
CHESTERBROOK, PA 19087**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/2007

610 727-7000