2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P98000092160 1. Entity Name MEDICAL INITIATIVES, INC.				05-02-2008	90138 023 ***15	0.00
Principal Place of Business	Mailing Address					
1300 MORRIS DRIVE 1300 MORRIS DRIVE CHESTERBROOK, PA 19087 CHESTERBROOK, PA 19087		087 US				
CHESTERBROOK, PA 19087	UNESTERBRUUK, PA 19	, 03				
Principal Place of Business - No P.O. Box # Mailing Address						
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Suite, Apt. #, etc.	Suite, Apt. #, etc.		04152008	Chg-P	CR2E034 (12/06)	
City & State Chesterbrook PA	K PA Chesterbrook 1		4. FEI Number 33-0810	294		olied For Applicable
Zip / 9087 Country SA	Zip 19087	Country	5. Certificate of	f Status Desired	See Required	
6. Name and Address of Current	Registered Agent		7. Name and	ddress of New R	egistered Agent	
C T CORPORATION SYSTEM			ne			
1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			Street Address (P.O. Box Number is Not Acceptable)			
					FL Zip Code	•
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its r	egistered office or	registered agent, or both	, in the State of Flo		and accept
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE.	Registered Agent signatur	re required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees			
10. OFFICERS AND		11.	ADDITIONS/0	HANGES TO OFF	ICERS AND DIRECTORS	SIN 11
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STREET ADDRESS 1300 MORRIS DRIVE		NAME			☐ Change	☐ Addilion
1 I		STREET ADDRESS			Change	☐ Addition
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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 lively propovered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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