

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092160

Entity Name: MEDICAL INITIATIVES, INC.**Current Principal Place of Business:**2801 HORACE SHEPPARD DRIVE
DOTHAN, AL 36303**Current Mailing Address:**227 WASHINGTON STREET
CONSHOHOCKEN, PA 19428 US**FEI Number:** 59-3550338**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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	P
Name	COLLIS, STEVEN H
Address	1300 MORRIS DRIVE
City-State-Zip:	CHESTERBROOK PA 19087

Title	VPCT
Name	QUINN, J F
Address	1300 MORRIS DRIVE
City-State-Zip:	CHESTERBROOK PA 19087

Title	AS
Name	BAUSINGER, VICKI L
Address	1300 MORRIS DRIVE
City-State-Zip:	CHESTERBROOK PA 19087

Title	VPD
Name	GUTTMAN, TIM G
Address	1300 MORRIS DRIVE
City-State-Zip:	CHESTERBROOK PA 19087

Title	SECRETARY
Name	BAK, HYUNG J
Address	1300 MORRIS DRIVE
City-State-Zip:	CHESTERBROOK PA 19087

Title	AS
Name	HIRST, DANIEL T
Address	1300 MORRIS DRIVE
City-State-Zip:	CHESTERBROOK PA 19087

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: DANIEL T HIRST**ASSISTANT SECRETARY** 04/30/2018_____
Electronic Signature of Signing Officer/Director Detail_____
Date