

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214527768

1.) CORPORATION NAME:

MEDICAL DEVICE TECHNOLOGIES, INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH LTD
250 BROWNS HILL CT
MIDLOTHIAN, VA**

SCC ID NO: **F1929316**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 272 EAST DEERPATH
SUITE 212

CITY/ST/ZIP: LAKE FOREST, IL 60045

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SHARON MCNALLY	
TITLE:	VP FINANCE	
ADDRESS:	272 E DEERPATH SUITE 212	
CITY/ST/ZIP/CO:	LAKE FOREST, IL 60045	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD C ADLOFF	
TITLE:	VICE PRESIDENT	
ADDRESS:	272 E DEERPATH SUITE 212	
CITY/ST/ZIP/CO:	LAKE FOREST, IL 60045	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOSEPH F DAMICO	
TITLE:	DIRECTOR	
ADDRESS:	272 E DEERPATH SUITE 212	
CITY/ST/ZIP/CO:	LAKE FOREST, IL 60045	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL J HUDSON	
TITLE:	PRESIDENT	
ADDRESS:	272 E DEERPATH SUITE 212	
CITY/ST/ZIP/CO:	LAKE FOREST, IL 60045	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	William L. Feather	
TITLE:	SECRETARY	
ADDRESS:	272 East Deerpath, Suite 212	
CITY/ST/ZIP/CO:	Lake Forest, IL 60045	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Jack McGinley	
TITLE:	DIRECTOR	
ADDRESS:	272 East Deerpath, Suite 212	
CITY/ST/ZIP/CO:	Lake Forest, IL 60045	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Leonard G. Kuhr DIRECTOR 272 East Deerpath, Suite 212 Lake Forest, IL 60045	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Roger Sisterman DIRECTOR 272 East Deerpath, Suite 212 Lake Forest, IL 60045	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SHARON MCNALLY	SHARON MCNALLY, VP FINANCE	5/29/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.