



Form Revision Date 07/2016

## ANNUAL REPORT

(Required by Section 911, Act 284, Public Act of 1972)

The identification number assigned by the Bureau is: 802115011

Annual Report Filing Year: 2019

1. Corporation Name:

MEDI-CAN CORP

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: MARTY KERRINS

2. Street Address: 63153 CR 681

Apt/Suite/Other:

City: HARTFORD

State: MI

Zip Code: 49057

3. Mailing address of the corporation's registered office:

P.O. Box or Street Address: 63153 CR 681

Apt/Suite/Other:

City: HARTFORD

State: MI

Zip Code: 49057

4. Provide the names and business or residence addresses of the corporations board of directors and its president, treasurer, and secretary:

Title	Name	Residence or Business Address
PRESIDENT	MARTY KERRINS	63153 CR 681, HARTFORD, MI 49057 USA
TREASURER	MARTY KERRINS	63153 CR 681, HARTFORD, MI 49057 USA
SECRETARY	MARTY KERRINS	63153 CR 681, HARTFORD, MI 49057 USA
DIRECTOR	MARTY KERRINS	63153 CR 681, HARTFORD, MI 49057 USA

5. Describe the general nature and kind of business in which the corporation is engaged in during the year covered by this report:

THIS CORPORATION WAS FORMED TO GO THROUGH THE STEPS OF OBTAIN A MEDICAL MARIJUANA LICENSE

This document must be signed by an authorized officer or agent:

Signed this 14th Day of May, 2019 by:

Signature	Title	Title if "Other" was selected
Marty Kerrins	President	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline  Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**FILING ENDORSEMENT**

***This is to Certify that the*** 2019 ANNUAL REPORT

***for***

MEDI-CAN CORP

***ID Number:*** 802115011

***received by electronic transmission on*** May 14, 2019 ***, is hereby endorsed.***

***Filed on*** May 14, 2019 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 14th day of May, 2019.***

***Julia Dale, Director***

***Corporations, Securities & Commercial Licensing Bureau***