Edgar Filing: CITRONOWICZ MOSHE - Form 4

| CITRONOW | /ICZ MOSHE | | | | | | | | | | |
|--|------------------------------------|--|--|--|--|------------------|---|--|--|---|--|
| Form 4 | | | | | | | | | | | |
| April 17, 200 |)9 | | | | | | | | | | |
| FORM | 14 | | | | | | | | - | PPROVAL | |
| | UNITEL |) STATES | | ITIES A hington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long | ger STATE | MENT O | F CHAN | GES IN I | BENEFI | CIA | LOW | NERSHIP OF | Expires: | January 31, 2005 | |
| subject to Section 1 Form 4 o | 6. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSI SECURITIES | | | | | | | Estimated average burden hours per | | |
| Form 5 | | urguant to | Section 16 | $\delta(a)$ of the | - Securit | ies Fr | vehano | e Act of 1934, | response | 0.5 | |
| obligation may cont <i>See</i> Instru 1(b). | ns Section 17 | 7(a) of the | | ility Hold | ling Com | ipany | Act of | f 1935 or Sectio | n | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| | ddress of Reportin | g Person <u>*</u> | Symbol | Name and MEDICA | | | - | 5. Relationship of Issuer | Reporting Pers | son(s) to | |
| (Last) | (First) | (Middle) | | | | [0,1] | -1 | (Chec | k all applicable | :) | |
| (Month/ | | | (Month/Da | . Date of Earliest Transaction Month/Day/Year) 4/15/2009 | | | | Director 10% Owner X Officer (give title Other (specify below) below) | | | |
| | | | | | | | | Chief 0 | Operating Offic | er | |
| | | | f Amendment, Date Original cd(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| CLEARWA | TER, FL 34621 | 1 | | | | | | Form filed by M Person | fore than One Re | porting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative | Securi | ties Acc | quired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | r) Execution any | emed on Date, if Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securi on(A) or D (D) (Instr. 3, | ispose 4 and | d of | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common stock | 04/15/2009 | | | S | 6,500 (1) | D | \$ 7.06 | 420,004 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 3. Transaction Date (Month/Day/Year) | 4. Transact Code (Instr. 8) | 5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | Date | Amor Unde Secur | le and unt of rlying tities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|--------------------------------------|---|---------------------|--------------------|-----------------------|--|---|--|
| | | Code N | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-------------------------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| CITRONOWICZ MOSHE 2806 MEADOW HILL DR. CLEARWATER, FL 34621 | | | Chief Operating Officer | | | | |
| Signatures | | | | | | | |
| s/ Moshe | | | | | | | |

| 5/ WI05IIC | |
|-------------|------------|
| Citronowicz | 04/17/2009 |
| | |

<u>**</u>Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Reporting person sold shares to cover AMT tax owed from the exercise of stock options.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.