FOR OCCO 3509

Medcor, Inc.		
		
		
		500006274845
Profit	() Amendment	() Merger
() Nonprofit	() Amendment	() Merger
Foreign	() Dissolution/Withdrawal	() Mark
	() Reinstatement	
() Limited Partnership	() Annual Report	() Other $\sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^$
()LLC	() Name Registration	() Change of RA
n	() Fictitious Name	OUCC SE
Certified Copy	() Photocopies	Wicus Ec ⊋
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out		
Name	7/9/02	Order#: 5459733
Availability		
Document		
Examiner	MS	Ref#:
Updater	•	
Verifier		
W.P. Verifier	·	Amount: \$
**************************************		3 3 5
		Amount: \$
660 East Jefferson Str	reet	5 N
Tallahassee, FL 32301		•

660 East Jetterson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

olans

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Ι.	MEDCOR,			
		oration; must include the word "INCORPORA		
		eviations of like import in language as will cle		
	natural person	or partnership if not so contained in the name	e at	it present.)
2.	Illinois		3.	3. 36-3329823
	(State or coun	try under the law of which it is incorporated)		(FEI number, if applicable)
4.	October	30, 1984	5.	5. Perpetual
		(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
6.	Upon qua	alification		
	(Date first tra	nsacted business in Florida. If corporation has	not	ot transacted business in Florida, insert "upon qualification.")
				607.1502 and 817.155, F.S.)
		•		
7.	4805 W F	PRIME PARKWAY MCHENRY IL 60	005)50
•				fice address)
		X		,
	PO Box 5	550		
	10 Don 9		aili	ling address)
		,		
8.	Service	100% - workplace health ma	ana	pagement \geq
٥.				ate or country to be carried out in state of Florida)
	V	i diposo(s) of oorporation additions an incide	J	Service
0	Name and of	want address of Florida registered agents	/D	P.O. Box or Mail Drop Box NOT acceptable)
Э.	Name and St	iteet address of Plotida tegistered agent.	(1.	
	> T	CT Carron a matrice		
	Name:	CT Corporation		
			_	
Off	ice Address:	1200 South Pine Island Ro	ad	<u>d</u>
		Plantation		, Florida <u>33324</u>
		(City)		(Zip code)
10.	Registered a	gent's acceptance:		
Ha	ving been nar	med as registered agent and to accept serv	rice	e of process for the above stated corporation at the place
des	ignated in thi	is application, I hereby accept the appoint	mei	ent as registered agent and agree to act in this capacity. I
fur	ther agree to	comply with the provisions of all statutes	rela	elative to the proper and complete performance of my
		familiar with and accept the obligations		
	,	<i>,,,,,,</i>	-,	
		٨		
		, , , , , , , , , , , , , , , , , , , ,		Jeffrey R. Graves
		1000 1/10		Assistant Secretary
	-			ent's signature)
		(Registered a	rRen	an a signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Jerry Myers							
Address: 4805 W Prime Parkway							
McHenry IL 60050							
Vice Chairman: John Crotty							
Address: 4805 W Prime Parkway							
McHenry IL 60050							
Director: Philip Seeger							
Address: 4805 W Prime Parkway	· •						
McHenry IL 60050	22						
Dicoloi. Dominot recorded alla properties and a second recorded an							
400F M Design Design							
McHenry IL 60050	22						
B. OFFICERS							
President: Philip Seeger							
Address: 4805 W Prime Parkway							
McHenry IL 60050							
Vice President: Peter Kleeburg - Please see attached addendu	<u>m</u>						
Address: 4805 W Prime Parkway	g						
McHenry IL 60050	·						
Secretary: Bennet Petersen	. · · <u></u>						
Address: 4805 W Prime Parkway McHenry IL 60050							
Treasurer: Bennet Petersen							
Address: 4805 W Prime Parkway McHenry IL 60050							
NOTE: If necessary, you may attack an addendum to the application listing additional officers and	'or directors.						
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	olication)						
14. Bennet Petersen - Sec/Treasurer							
(Typed or printed name and capacity of person signing application)							

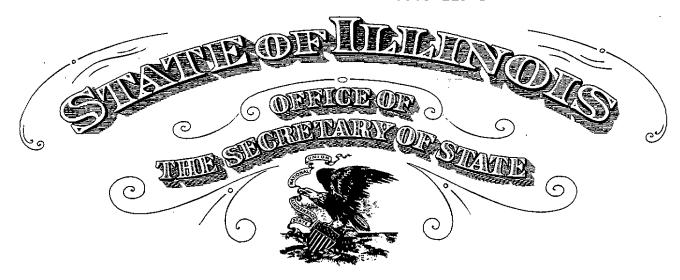
Medcor, Inc.

Directors Officers

FEIN 36-3329823

Business Address	4805 W Prime Parkway, McHenry, IL 60050	9 Officer 4805 W Prime Parkway, McHenry, IL 60050	Business Address	4805 W Prime Parkway, McHenry, IL 60050		nt 4805 W Prime Parkway, McHenry, IL 60051	4805 W Prime Parkway, McHenry, IL 60051	4805 W Prime Parkway, McHenry, IL 60051	### 4805 W Prime Parkway, McHenry, IL 60051	나 사람이 가입되다. 4805 W Prime Parkway, McHenry, IL 60051 1 6 – TNF 20					
Title	President, Chief Executive Officer	Secretary, Treasurer, Chief Operating Officer	Title	Chairman of the Board	Vice-Chairman	Director	Director	Director		Vice President Business Development	Vice President of MIS	Vice President of Operations	Vice President of Safety VIII LOSSEE' LEGISTON OF SAFETY OF THE SAFETY O	Vice President of Medical Affairs Vice President of Medical Affairs 96 : 5 Hd 6 - 10 € 20	
	Philip Seeger	Bennet Petersen	Directors	Jerry Myers	John Crotty	Brian Bremer	Philip Seeger	Bennet Petersen	Vice Presidents	Curtis Smith	Tim Sahouri	Peter Kleeburg	Duane Daugherfy	Dr. Thomas Glimp	

File Number



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDCOR, INC., A DOMESTIC CORPORATION,
INCORPORATED UNDER THE LAWS OF THIS STATE OCTOBER 30, 1984, APPEARS
TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS
CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL
REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN
GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS***



In Testimony	Whereof,	I, hereto set
--------------	----------	---------------

my hand and cause to be affixed the Great Seal of the State of Illinois, this $\frac{2ND}{2ND}$ day of $\frac{2ND}{2002}$.

Desse White