Pg 1 of 2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State
01-13-2004 90014 003 ***150.00

DOCUMENT # F02000003509

1. Entity Name
MEDCOR, INC.

Principal Place of Business	Mailing Address
4805 W PRIME PARKWAY MCHENRY, IL 60050	PO BOX 550 MCHENRY, IL 60050

01092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 36-3329823 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MYERS, JERRY 4805 W PRIME PARKWAY MCHENRY, IL 60050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres., CEO, Director Seeger, Philip 4805 W. Prime Pkwy. McHenry, IL 60051	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC CROTTY, JOHN 4805 W PRIME PARKWAY MCHENRY, IL 60050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec., Treas., COO., Direct. Petersen, Bennet 4805 W. Prime Pkwy. McHenry, IL 60051	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SEEGER, PHILIP 4805 W PRIME PARKWAY MCHENRY, IL 60050	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO Gillen, Mike 4805 W. Prime Pkwy. McHenry, IL 60051	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PETERSEN, BENNET 4805 W PRIME PARKWAY MCHENRY, IL 60050	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chief Med. Offc. Grimm, Thomas 4805 W. Prime Pkwy. McHenry, IL 60051	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREMER, BRIAN 4805 W PRIME PARKWAY MCHENRY, IL 60050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Carr, Julian 4805 W. Prime Pkwy. McHenry, IL 60051	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Bus. Development Smith, Curtis 4805 W. Prime Pkwy. McHenry, IL 60051	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mike Gillen Mike Gillen 1/9/04 815-759-5446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PS 2052

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MEDCOR, INC.

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4805 W PRIME PARKWAY MCHENRY, IL 60050	PO BOX 550 MCHENRY, IL 60050

664000000

01092004 Chg-P CR2E034 (10/03)

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City & State		City & State	
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C T CORPORATION SYSTEM
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PLANTATION, FL 33324

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VP of MIS NAME: Sahouri, Tim STREET ADDRESS: 4805 W. Prime Pkwy. CITY-ST-ZIP: McHenry, IL 60051	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VP of Oper. NAME: Kleeburg, Peter STREET ADDRESS: 4805 W. Prime Pkwy. CITY-ST-ZIP: McHenry, IL 60051	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VP of Safety NAME: Daugherty, Duane STREET ADDRESS: 4805 W. Prime Pkwy. CITY-ST-ZIP: McHenry, IL 60051	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #