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FD2000003504

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

MEDCOR, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Medcor, Inc.
2. The principal office address: 4805 West Prime Parkway, McHenry, Illinois 60050
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/09/2002 Document number: F02000003509
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Business Filings Incorporated

660 East Jefferson Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board for the corporation has been notified in writing of the change.

Mike Gillen
(Signature of an officer or director)

Mike Gillen, V.P.

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Mark Schiff
(Signature of Registered Agent)

1/10/2005

(Date)

If signing on behalf of an entity:

Mark Schiff, AVP

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TOTAL P.02