2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State
03-13-2006 90074 015 ***150.00

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1. Entity Name
MEDCOR, INC.

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

02272006 Chg-P CR2E034 (11/05)

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

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

7. Name and Address of New Registered Agent

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, 2006 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	PCEO SEEGER, PHILIP 4805 W PRIME PKWY MCHENRY, IL 60050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Tim Suhajri 4805 W Prime Parkway McHenry IL 60050	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STDC PETERSEN, BENNET 4805 W PRIME PKWY MCHENRY, IL 60050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Peter Kleeburg 4805 W Prime Parkway McHenry IL 60050	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO GILLEN, MIKE 4805 W PRIME PKWY MCHENRY, IL 60050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Robert Dooley 4805 W Prime Parkway McHenry IL 60050	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CMO GLIMP, THOMAS 4805 W PRIME PKWY MCHENRY, IL 60050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Crotty 4805 W. Prime Parkway McHenry IL 60050	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYERS, JERRY 4805 W PRIME PARKWAY MCHENRY, IL 60050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brian Brewer 4805 W. Prime Parkway McHenry IL 60050	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SMITH, CURTIS 4805 W PRIME PKWY MCHENRY, IL 60050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Julian Carr 4805 W Prime Parkway McHenry IL 60050	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/27/06 815-759-5446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #