

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003509

Entity Name: MEDCOR, INC.

FILED  
Jan 16, 2008  
Secretary of State

## Current Principal Place of Business:

4805 W PRIME PARKWAY  
MCHENRY, IL 60050

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 550  
MCHENRY, IL 60050

## New Mailing Address:

FEI Number: 36-3329823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: SEEGER, PHILIP  
Address: 4805 W PRIME PKWY  
City-St-Zip: MCHENRY, IL 60050

Title: STDC ( ) Delete  
Name: PETERSEN, BENNET  
Address: 4805 W PRIME PKWY  
City-St-Zip: MCHENRY, IL 60050

Title: CFO ( ) Delete  
Name: GILLEN, MIKE  
Address: 4805 W PRIME PKWY  
City-St-Zip: MCHENRY, IL 60050

Title: CMO ( ) Delete  
Name: GLIMP, THOMAS  
Address: 4805 W PRIME PKWY  
City-St-Zip: MCHENRY, IL 60050

Title: D ( ) Delete  
Name: MYERS, JERRY  
Address: 4805 W PRIME PARKWAY  
City-St-Zip: MCHENRY, IL 60050

Title: VPD ( ) Delete  
Name: SMITH, CURTIS  
Address: 4805 W PRIME PKWY  
City-St-Zip: MCHENRY, IL 60050

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ROTHERMEL, ROB  
Address: 4805 W PRIME PKWY  
City-St-Zip: MCHENRY, IL 60050

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE GILLEN

CFO

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date