2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# F02000003509

Entity Name: MEDCOR, INC.

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:	D	( ) Delete
Name:	ROTHERMEL, ROB	
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:	VC	(X) Change ( ) Addition
Name:	CROTTY, JOHN	
Address:	4805 W PRIME PKWY	
City-St-Zip:	MCHENRY, IL 60050	
Title:	C	(X) Change ( ) Addition
Name:	MYERS, JERRY	
Address:	4805 W PRIME PARKWAY	
City-St-Zip:	MCHENRY, IL 60050	
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 04/29/2009

Electronic Signature of Signing Officer or Director — Date