2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
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

OFFICERS AND DIRECTORS:

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

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

Title: CFO
Name: SMITH, CHERYL
Address: 4805 W PRIME PKWY
City-St-Zip: MCHENRY, IL 60050

Title: VC
Name: CROTTY, JOHN
Address: 4805 W PRIME PKWY
City-St-Zip: MCHENRY, IL 60050

Title: C
Name: MYERS, JERRY
Address: 4805 W PRIME PARKWAY
City-St-Zip: MCHENRY, IL 60050

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

I hereby 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 all other like empowered.

SIGNATURE: BENNET PETERSEN ST 02/15/2011

Electronic Signature of Signing Officer or Director — Date