



2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0650843
AT

DOCUMENT # F02000003509	
1. Entity Name MEDCOR, INC.	

Principal Place of Business 4805 W PRIME PARKWAY MCHENRY IL 60050	Mailing Address PO BOX 550 MCHENRY IL 60050
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
03 JAN 14 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


☐ CHECK HERE IF MAKING CHANGES

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	MYERS, JERRY	
STREET ADDRESS	4805 W PRIME PARKWAY	
CITY-ST-ZIP	MCHENRY IL 60050	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CROTTY, JOHN	
STREET ADDRESS	4805 W PRIME PARKWAY	
CITY-ST-ZIP	MCHENRY IL 60050	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SEEGER, PHILIP	
STREET ADDRESS	4805 W PRIME PARKWAY	
CITY-ST-ZIP	MCHENRY IL 60050	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PETERSEN, BENNET	
STREET ADDRESS	4805 W PRIME PARKWAY	
CITY-ST-ZIP	MCHENRY IL 60050	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREMER, BRIAN	
STREET ADDRESS	4805 W PRIME PARKWAY	
CITY-ST-ZIP	MCHENRY IL 60050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/02 **853639500**

Date Daytime Phone #

CR2E034 (10/02)