


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004709 1. Entity Name MEDCORE, INC.	
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Principal Place of Business 4721 MORRISON DRIVE, STE. 100 MOBILE, AL 36609	Mailing Address PO BOX 991835 MOBILE, AL 36691
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0067287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LYONS, JAMES M 4721 MORRISON DRIVE, STE. 100 MOBILE, AL 36609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RUGGLES, MICHAEL S 4721 MORRISON DRIVE, STE. 100 MOBILE, AL 36609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SHORT, DEBORRAH 4721 MORRISON DRIVE, STE. 100 MOBILE, AL 36609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/21/05-80055-022 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **James m. Lyons** 1-17-05 (251) 345-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #