

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000004709

Entity Name: MEDCORE, INC.

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4721 MORRISON DRIVE, STE. 100  
MOBILE, AL 36609

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 991835  
MOBILE, AL 36691

**New Mailing Address:**

FEI Number: 20-0067287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: P  
Name: LYONS, JAMES M  
Address: 4721 MORRISON DRIVE, STE. 100  
City-St-Zip: MOBILE, AL 36609

Title: VP  
Name: RUGGLES, MICHAEL S  
Address: 4721 MORRISON DRIVE, STE. 100  
City-St-Zip: MOBILE, AL 36609

Title: ST  
Name: SHORT, DEBORRAH  
Address: 4721 MORRISON DRIVE, STE. 100  
City-St-Zip: MOBILE, AL 36609

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: JAMES M LYONS

PR

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date