2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# F04000003098

Entity Name: MEDCO SPORTS MEDICINE, INC.

Current Principal Place of Business:

1031 MENDOTA HEIGHTS RD
ST PAUL, MN 55120

New Principal Place of Business:

Current Mailing Address:

1031 MENDOTA HEIGHTS RD
ST PAUL, MN 55120

New Mailing Address:

FEI Number: 13-5555050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P ( ) Delete
Name: DONNELLY, EDWARD L
Address: 1104 MIDWEST CLUB
City-St-Zip: OAK BROOK, IL 60523

Title: AT ( ) Delete
Name: KIBLER, KRAY A
Address: 1723 WISEBROOK LANE
City-St-Zip: BETAVIA, IL 60510

Title: S ( ) Delete
Name: LEVITT, MATTHEW L
Address: 1031 MENDOTA HEIGHTS RD
City-St-Zip: MENDOTA HEIGHTS, MN 55120

Title: AS ( ) Delete
Name: LIEB, FRED
Address: 818 LINCOLN ST
City-St-Zip: EVANSTON, IL 60271

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SPROAT, DAVID
Address: 1031 MENDOTA HEIGHTS ROAD
City-St-Zip: ST. PAUL, MN 55120

Title: TD (X) Change ( ) Addition
Name: ARMSTRONG, ROYCE S
Address: 1031 MENDOTA HEIGHTS ROAD
City-St-Zip: ST. PAUL, MN 55120

Title: S (X) Change ( ) Addition
Name: LEVITT, MATTHEW L
Address: 1031 MENDOTA HEIGHTS RD
City-St-Zip: ST. PAUL, MN 55120

Title: D (X) Change ( ) Addition
Name: WILTZ, JAMES W
Address: 1031 MENDOTA HEIGHTS ROAD
City-St-Zip: ST. PAUL, MN 55120

I hereby certify that the information supplied with this filing does not qualify for the 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: MATTHEW L. LEVITT S 01/06/2006

Electronic Signature of Signing Officer or Director — Date