2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# F05000000061

Entity Name: SPENCO MEDICAL CORPORATION

Current Principal Place of Business:

6301 IMPERIAL DRIVE
WACO, TX 76712

New Principal Place of Business:

6301 IMPERIAL DRIVE
WACO, TX 76712 US

Current Mailing Address:

P.O. BOX 2501
WACO, TX 767022501

New Mailing Address:

P.O. BOX 2501
WACO, TX 767022501 US

FEI Number: 87-0274699 **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: SMITH, STEVEN B
Address: P.O. BOX 2501
City-St-Zip: WACO, TX 767022501

Title: S ( ) Delete
Name: ST. JOHN, LINDA
Address: P.O. BOX 2501
City-St-Zip: WACO, TX 767022501

Title: T ( ) Delete
Name: SMITH, PATTY
Address: P.O. BOX 2501
City-St-Zip: WACO, TX 767022501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STEVEN
Address: P.O. BOX 2501
City-St-Zip: WACO, TX 767022501 US

Title: S (X) Change ( ) Addition
Name: LINDA
Address: P.O. BOX 2501
City-St-Zip: WACO, TX 767022501 US

Title: T (X) Change ( ) Addition
Name: PATTY
Address: P.O. BOX 2501
City-St-Zip: WACO, TX 767022501 US

I hereby certify that the information supplied with this filing does not qualify 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: PATTY SMITH T 04/13/2009

Electronic Signature of Signing Officer or Director — Date