

Robin Carnahan Secretary of State
 2012 ANNUAL REGISTRATION REPORT
 BUSINESS

File Number: 201209680214
 00195132
 Date Filed: 04/05/2012
 Robin Carnahan
 Secretary of State

REPORT DUE BY: 07/31/2012

00195132
MEDICREDIT, INC.
CSC- Lawyers Incorporating Service Company
221 BOLIVAR
JEFFERSON CITY, MO 65101

RENEWAL MONTH:
April
 I OPT TO CHANGE THE CORPORATION'S
 RENEWAL MONTH TO _____ FOR A \$25.00 FEE.

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**
3620 I-70 Dr. SE, Suite C (Required)
 STREET
Columbia, MO 65201
 CITY/STATE ZIP

2 **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**
 The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.
 The new registered office address
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

<p>3 OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). (MUST LIST PRESIDENT AND SECRETARY BELOW) A PRES Michael A Di Marco (Required) STREET/RT 3 CityPlace Drive, Suite 690 CITY/STATE/ZIP St Louis, MO 63141 V-PRES STREET/RT CITY/STATE/ZIP SECY Mark D Rowland (Required) STREET/RT 3 CityPlace Drive, Suite 690 CITY/STATE/ZIP St Louis, MO 63141 TREAS STREET/RT CITY/STATE/ZIP</p>	<p>BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). (MUST LIST AT LEAST ONE DIRECTOR BELOW) B NAME Michael DiMarco (Required) STREET/RT 3 CityPlace Drive, Suite 690 CITY/STATE/ZIP St Louis, MO 63141 NAME STREET/RT CITY/STATE/ZIP NAME STREET/RT CITY/STATE/ZIP NAME STREET/RT CITY/STATE/ZIP</p>
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NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here Mark Rowland (Required)

Please print name and title of signer: Mark Rowland / Secretary
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___ \$20.00 If filed on or before 7/31
 ___ \$35.00 If filed on or before 8/31
 ___ \$50.00 If filed on or before 9/30
 ___ \$65.00 If filed on or before 10/31
ADD AN ADDITIONAL \$25.00 FEE IF CHANGING THE RENEWAL MONTH.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
 MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102