00455733 UNOFFICIAL CO1004 14 001 Page 1 of 2 2000-06-21 13:55:53

Cook County Recorder

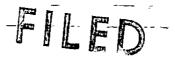
File # D S Z Z Z - 404-7 0101

Form **BCA-5.10** NFP-105.10

(Rev. Jan. 1999)

Jesse White Secretary of State Department of Business Services -Springfield,-IL 62756----Telephone (21.7)_782-3647_ http://www.sos.state.il.us





APR 26 2000

JESSE WHI. FE SECRETARY OF STATE



SUBMIT IN DUPLICATE

This space for use by Secretary of State APP 9 8 2000

Date

Filing Fee

\$5

Approved:

Remit payment in check or money order, payable to "Secretary of State."

See reverse side for signature(s)		
1.	CORPORATE NAME: RITA O, PUCCI, M.D., S.C.	
2.	STATE OR COUNTRY OF INCORPORATION: LLL NO(S)	
3.	Name and address of the registered agent and registered office as they appear on the records of the office of the Secretary of State (before change):	
	Registered Agent Rita Middle Name Pucci M.D. S.C.	
	Registered Office C/o MARTIN S. CARANELLA, 500 W. MADISON 40 th FL Number Street Suite No. (A P.O. Box alone is not acceptable) CHICAGO 606 Cook City ZIP Code County	
4.	Name and address of the registered agent and registered office shall be (after all changes herein reported):	
	Registered Agent RITA O PUCCI ST	
	Registered Office 550 W. WEBSTER #3 NW NM Number Street Suite No. (A P.O. Box alone is not acceptable) CIDICAGO 60614 COOK Y 9H	
	City ZIP Code County	

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6.	The above change was authorized by: ("X" one box only)			
	a. By resolution duly adopted by the board of directors.	(Note 5)		
	b. By action of the registered agent.	(Note 6)		
	<u> </u>			
NOTE: When the registered agent changes, the signatures of both president and secretary are required.				
7. (If authorized by 'ne board of directors, sign here. See Note 5)				
The undersigned conocration has caused this statement to be signed by its duly authorized officers, each of				
whom affirms, under penalties of perjury, that the facts stated herein are true.				
Date		O. Pucc, M.D., S.C.		
44	(Month & Day) (Year)	(Exact Name of Corporation)		
attested by Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)				
	DITA DIACO	PITA DE PUACI		
	FITA O. TUO	RITA S. FUCO		
	(Type or Print Name and Title)	(Type or Print Name and Title)		
(If change of registered office by registered agent, sign here. See Note 6) The undersigned, under penalties of perjury, affirms that the facts stated herein are true.				
Date	ed FEB. 9 , ZOOD 7x.	Sita Di		
Dui		inature of Registered Agent of Record)? -		
	\mathcal{D}	TA O Pucer		
	NOTES			
		T'4		
1.	The registered office may, but need not be the same as the prin	ncipal office of the corporation. However, the		
	registered office and the office address of the registered agent must be the same.			
	The first production of the control			
2.	The registered office must include a street or road address; a po-	st office box number along is not acceptable.		
3.	3. A corporation cannot act as its own registered agent.			
4.	If the registered office is changed from one county to another, the	en the corporation must file with the recorder		
٦٠,	of deeds of the new county a certified copy of the articles of incorporation and a certified copy of the statement			
	of change of registered office. Such certified copies may be ob	tained ONLY from the Secretary of State.		
5.	Any change of registered agent must be by resolution adopted b			
	then be signed by the president (or vice-president) and by the	secretary (or an assistant secretary).		
c	The registered egent may report a sharper of the registered of	fice of the perpendicular for which he ar che is		
6.	The registered agent may report a change of the registered of registered agent. When the agent reports such a change, this	statement must be signed by the registered		
	agent.	State in Sittle in Signed by the registered		

The address of the registered office and the address of the business office of the registered agent, as changed,

5.

will be identical.