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Form BCA-5.10 NFP-105.10

(Rev. Jan. 1999)

Jesse White
Secretary of State
Department of Jusiness Services
Springfield, IL 62733
Telephone (217) 782-3647
http://www.sos.state.ii.us

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE 0010235595

1054/0054 52 001 Page 1 of 2 2001-03-26 10:21:23 Cook County Recorder 23.50



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JAN 02 2001

SECRETARY OF STATE

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Approved:

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

Type or print it black ink only. See reverse side for signature(s)

1. 00	DAPORATE NAME:	wonen	s werru	ess Associates, S	<u>.c.</u>	
2. ST	TATE OR COUNTRY O	FINCORPOR	ATION: _	Illinois	7,	
3. Na	mo and address of the				0,	
of 1	the Secretary of State	registered age (before change	ent and reg e):	gistered office as the	y appear on the records o	f the office
-44	.— Registered Agent	Alan -		S	Finger	· · · · · · · · · · · · ·
	Registered Office	First Name - 30 North	LaSalle :	<i>Middle Name</i> Street	Lost Name	
		<i>Number</i> Chicago	Street	Suite No. (A P.O. Box alone is not acceptable) 60602 Cook		
		City		ZIP Code	County	
4. Nar	me and address of the	registered age	nt and regi	stered office shall be	e (after all changes herein	reported):
mail to	S; Registered Agent	Avery			Delott	<i>√</i>
	_	First Name	-	Middle Name	Last Name	, 1
	Registered Office 2	30 North	LaSalle	Street .	. ,	/
		Number	Street	Suite No. (A P.	O. Box alone is not acceptal	nle)
F 7, 1447	<u>.</u> 	Chicago		60602	Cook	,,,,
		City		ZIP Code	County	0/4
~_				•		•

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5. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.						
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)						
NOTE: When the registered agent changes, the signatures of both president and secretary are required. 7. (If authorized by the board of directors, sign here. See Note 5) The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under pen attes of perjury, that the facts stated herein are true.						
Dated October 15 , 2000 Women's Wellness Associates, S.C.						
(Month & Day) (Year) (Exact Name of Corporation)						
attested by Clerken Market by Chillean & Maximum 20						
(Signature of Secretary or Assistrat Secretary) (Signature of President or Vice President)						
William D. Matviuw, Secretary William D. Matviuw, President						
(Type or Print Name and Title) (Type or Print Name and Title)						
(If change of registered office by registered agent, signifiere. See Note 6) The undersigned, under penalties of perjury, affirms that the facts stated herein are true. Dated						
(Month & Day) (Year) Signature of Registered Agent of Record)						
NOTES						
 The registered office may, but need not be the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same. 						
2. The registered office must include a street or road address; a post office box number alone is not acceptable.						
A corporation cannot act as its own registered agent.						
4. If the registered office is changed from one county to another, then the corporation must file with the recorder 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 obtained ONLY from the Secretary of State.						
5. Any change of registered agent must be by resolution adopted by the board of directors. This statement must then be signed by the president (or vice-president) and by the secretary (or an assistant secretary).						
6. The registered agent may report a change of the registered office of the corporation for which he or she is registered agent. When the agent reports such a change, this statement must be signed by the registered agent.						