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2001-08-07 09:26:51

Cook County Record

23.50

File # 6068-435-9

Form BCA-5.10 NFP-105.10

(Rev. Jan. 1995)

George H. Ryan Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-3647

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE



JUL 1 2 2001

JESSE WHITE SECRETARY OF STATE

SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date

60194-2249

Zip Code

-12-01

Filing Fee

\$5

Approved:

10

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

Cook

County

				(0),	
1.	. CORPORATE NAME: —	ADVANCED I	PHYSICAL M	MEDICINE & THERAF	(, LTD.
2.	STATE OR COUNTRY OF	FINCORPOR	ATION:	Illinois	0,0,
3.	Name and address of the of the Secretary of State (registered ag before change	ent and reg	istered office as they	appear on the records of the office
	Registered Agent -	Fred Harl	ecke		
	, 10 g. 31 3 7 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	First Name		Middle Name	Last Name
	Registered Office -	134 North	LaSalle	Street, Suite 222	22
	. regiotorea emice	Number	Street	Suite No. (A P.O. Box alone is not acceptable)	
	_	Chicago,	<u>Illinois</u>	60602	Cook
		City		Zip Code	County
1.	Name and address of the r	egistered age	ent and regis	stered office shall be	(after all changes herein reported):
	Registered Agent -	Donald A			- · · ·
	riogiptorod rigorit =	First Name		Middle Name	Last Name
	Registered Office –	1700 Pea	ch Lane		
	negistered Office -	Number	Street	Suite No. (A P.O	Box alone is not acceptable)

Schaumburg, Illinois

City

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	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)				
į	b. By action of the registered agent. (Note 6)				
TON	E: When the registered agent changes, the signatures of both president and secretary are required.				
7. who	(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 affirms, under penalties of perjury, that the facts stated herein are true.				
	ted by Secretary or Assistant Secretary) Advanced Physical Medicine & Therapy, Ltd. (Exact Name of Corporation) by (Signature of Vice President)				
ı	Dr. Bradley R. Mattson, Secretary Dr. Bradley R. Mattson, President				
	(Type or Print Name and Title) (Type or Print Name and Title)				
(If c	nange 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	d19,				
,	(Sign sture of Registered Agent of Record)				
1	NOTES				
1	0'				
1.	The registered office may, but need not be the same as the principal office of the co-poration. 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.				
3.	A corporation cannot act as its own registered agent.				
4.7	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).				
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