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2002-05-30 15:17:28

Cook County Recorder

23.50



Cook

County

			0020609366
File # D-61419594	1		
	<u>-</u>		
Form BCA-5.10	}		
NFP-105.10 (Nev Jan. 1999)	<u>.</u>		
Jesse White Secretary of State Department of Business Services Springfield, IL 62756	1	.	
Telephone (217) 782-364	F -		SUBMIT IN DUPLICATE
http://www.sos.state.il.us	Jesse White Secret	ary of State	This space for use by
		Date	Secretary of State Filed 5/16/2002
STATEMENT OF	Filed 5/16/	2002 Filing F	
CHANGE	0/	Filing F	
OF REGISTERED AGENT	τ_{\circ}	Approv	ed: *JR*
AND/OR REGISTERED OFFICE	CP0049	payabi	payment in check or money order, e to "Secretary of State."
	Type or print in b		
	See reverse side fo	r signature(s).	
		()	
1. CORPORATE NAME:	bloom & Saxon	Surgical Sre	cialists, S.C.
	I T	llinois	Tá
2. STATE OR COUNTRY OF INC	ORPORÁTION: —		_0
of the Secretary of State (before Kim	, i		ppear on the records of the office
Registered Agent ————————————————————————————————————	Name ,	Middle Name	Lasi Name
ricgistered Office	\$\$\$ \$		
Nur XXXXX	nber Street Ooksooksexixel Skokie	Suite No. (A P.O. 16x0x9x3 60077	Box alone is not acceptable) Cook
	ity	ZIP Code	County
4. Name and address of the registe	ered agent and regist	ered office shall be (after all changes herein reported).
Redistered Adent	ul D. Streich		
First	Name	Middle Name	Last Name
	<u>West Madison</u> nber Street	, Suite 3900, Suite No. (A P.O.	Box alone is not acceptable)

60602

ZIP Code

Chicago

City

UNOFFICIAL COPY 20609366

5.	The address of the registered office and the addre will be identical.	ss of the business office of the registered agent, as changed,			
6.	The above change was authorized by: ("X" one box only)				
	a. X By resolution duly adopted by the board	of directors. (Note 5)			
	b. By action of the registered agent.	(Note 6)			
TON	E: When are registered agent changes, the sign	natures of both president and secretary are required.			
7. (If authorized by the board of directors, sign here. See Note 5) The undersigned conversion has caused this statement to be signed by its duly authorized officers, each of whom affirms, under pencine, of perjury, that the facts stated herein are true.					
Date	ted by (Signature of Secretary or Assi. tant Secretary)	Rosenbloom & Saxon Surgical Specialists, S (Exect Name of Corporation) by (Signature of President or Vice President)			
	Allen E. Saxon, M.D.	Robert D. Rosenbloom, M.D.			
	(Type or Print Name and Title)	(Type or Print Name and Title)			
(If ch	nange of registered office by registered agent, sig The undersigned, under penalties of perjury, affi	in here. See Note 6) rms that the facts stated herein are true.			
Date	d , ,	<u> </u>			
	(Month & Day) (Year)	(Signature of Registered Agent of Record)			

NOTES

- 1. 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 alche is not acceptable.
- 3. 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.

C-135.15