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8656/0013 87 006 Page 1 of 2002-07-15 10:54:25 Cook County Recorder

File # 6193-355-7

Form BCA-5.10 NFP-105.10

(Rev. Jan. 1999)

Jesse White Secretary of State Department of Busines: Services

Springfield, IL 62756 Telephone (217) 782-3647 http://www.sos.state.il.us

Je se White Secretary of State

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

COOK COUNTY Registered Office

RECORDER

EUGENE "GENE" MOORE

SKOKIE OFFICE

Filed 6/27/2002

This space for use by Secretary of State

Date

Filed 6/27/2002

Approved: SB

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

Suite No. (A P.O. Box alone is not acceptable)

Gounty

60089

4	CORPORATE NAME:	American	, Me	edical	Tramper	tation, Inc.	
1.	CONFORMIE NAME.			+/1.	17		
2.	STATE OR COUNTRY OF	INCORPORA	Tion: —	Illino	15 0	<u> </u>	
3.	Name and address of the of the Secretary of State (registered ager before change)	t and reg	gistered office a	as they appear	on the records of the o	iffice
	Registered Agent -	First Name		Middle Nam	Suite	Last Name	
	Registered Office -	S301 Number Skolie	W. L Street T L	<u>Dem pster</u> Suite No 6007	o. (A P.O. Box a	lone is not acceptable)	
		City	+	ZIP Code		County	
4.	Name and address of the			istered office s	hall be <i>(after a</i>	Il changes herein repor	ted).
	Registered Agent	V/Q Gin	nir	Middle Nam	ne ,	, Last Name	

Street

First Name

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Proberty of Cook County Clerk's Office

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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)							
٠	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.								
wh	The undersigned corporation 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.							
Da	ed April 30 , 2002 American Medical Transportation, Inc.							
o#.	(Year) (Exact Name of Corporation) Insteed by V. KARKW by V. KARKW							
ant	sted by V. KOJKW by V. KOJKW (Signature of Secretary or Assistar t Secretary) (Signature of President or Vice President)							
	V. Kagan, Secretary V. Kagam President							
	(Type or Print Name and Title) (Type or Print Name and Title)							
(If c	thange of registered office by registered agent, sign here. See Note 6) The undersigned, under penalties of perjury, affirms the facts stated herein are true.							
The undersigned, under penalties of perjory, animis that the tacts stated herein are true.								
Dated,								
	(Month & Day) (Year) (Gignature 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 arche 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).							

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.