## **UNOFFICIAL COPY**

File # D5388-229-3

Form **BCA-5.10** NFP-105.10

(Rev. Jan. 2003)

Jesse White Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-3647 www.cyberdriveillinois.com

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



Doc#: 0334514078

Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 12/11/2003 10:24 AM Pg: 1 of 2

FILED

NOV 2 0 2003

JESSE WHITE SECRETARY OF STATE

SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date

Filing Fee \$5 Approved:

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

Type or print in black of See reverse side for signature s)

1.	CORPORATE NAME:	Pediatric Phys	icians Ltd.				
2.	STATE OR COUNTRY C	F INCORPORATIO	N: Illinois	TŚ			
3.	Name and address of the of the Secretary of Sta	e registered agent a te <i>(before change)</i> :	nd registered office as they	appear on the records of the office			
	Registered Agent	Keith W. Groebe					
	Registered Office	First Name One East Wacker I	Middle Name Orive 3200	Last Name			
		Chicago	60601	. Box alone is not acceptable) 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 Keith W. Groebe						
		First Name 203 North LaSalle	Middle Name Street 2500	Last Name			
		Chicago	eet Suite No. (A P.O. 60601-1262	Box alone is not acceptable) X			
		City	ZIP Code	County			
				976			

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5.	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 or	nnly)				
	a. 🖳 By resolution duly adopted by th						
	b. 🗹 By action of the registered agen	t.	(Note 6)				
7. und	(If authorized by the board of directors, The undersigned corporation has caused der penalties of perjury, that the facts state	d this statement	t to be signed by a duly authorized officer who affirms.				
Da	ted,		Pediatric Physicians Ltd.				
	(Month & Day)	(Year)	(Exact Name of Corporation)				
	(Ary Authorized Officer's Sign	nature)					
	(ry/e 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.							
Dat	ed /o >f. (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 alone 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 <i>registered agent</i> must be by resolution adopted by the board of directors. This statement must hen be signed by a duly authorized officer.						
6.	The registered agent may report a char registered agent. When the agent report agent.	nge of the <i>regist</i> is such a chang	tered office of the corporation for which he or she is ge, this statement must be signed by the registered				
C-135.	C-135.16						

C-135.16

Chicago, IL 60601-1262