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FORM **BCA 5.10/5.20** (rev. Dec. 2003) **STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR**

REGISTERED OFFICEBusiness Corporation Act

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

FILED

FEB 2 4 2005

The above change was authorized by: ("X" one box only)

a.

By resolution duly adopted by the board of directors.

b. 🗹 By action of the registered agent.

Remit payment in the form of a check or money order payable to the Secretary of State.



Doc#: 0508114376
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 03/22/2005 01:51 PM Pg: 1 of 2

(Note 5)

(Note 6)

		File #_ D 5908-037-7			Filing Fee: \$25.00 Approved:			
	Submit in duplicate	Туре	e or Print clearly in	n black ink	—Do not write above this line-		<u>//·</u>	
1.	CORPORATE N/ME: Therapy Masters, Inc.							
2.	STATE OR COUNTRY OF INCORPORATION: Illinois							
3.	Name and address of the registered agent and registered office as they appear on the records of the office of the Secretary of State (before change):							
	Registered Agent	Abraham)	J.	S	tern		
	•	First Name	7	Middle Name	Last	Name		
	Registered Office 30 S. Wacker Drive, 29th Floor							
		Number	ımber Stiget Suite No. (A l		P.O. Box alone is not acceptable)			
		Chicago	<u> </u>	60606		ook		
		City	Ç	ZIP Code	Co	ounty		
4.	Name and address of the registered agent and registered office shall be (after all changes herein reported):							
	Registered Agent	Abraham		J	St	ern		
	Registered Office	First Name 10 S. Wac	ker Drive,	Middle Narue 40th Floor	Last	Name		
		<i>Number</i> Chicago	Street	Suite No. (A / 60606	→ O. Box alone is not ac	ceptable) Cook (->14	
		City		ZIP Code	O _x Co	ounty		
5.	The address of the register will be identical.	red office and th	ne address o	f the business offi	ce of the registared ag	ent, as chai	nged,	

SEE REVERSE SIDE FOR SIGNATURES(S).

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Recorders Box #367

Min: DPStockwaw

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7. (If authorized by the board of directors, sign here. See Note 5)

The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true.

Dated _			Therapy Masters, Inc.	
	(Month & Day)	(Year)	(Exact Name of Corporation)	
_	(Any Authorized Officer's Signature)			
_	(Type or Print Name a	and Title)		
(If chang	ge of registered office by registe e undersigned, under penalties	ered agent, sig of perjury, affi	gn here. See Note 6) rms that the facts stated herein are true.	
Dated _	12/16	. 04		
	(Month & Day)	(Year)	(Signature of Registered Agent of Record)	
	000		Abraham J. Stern	
	'DO'		(Type or print name. If the registered agent is a corporation, type or print the name and title of the officer who is signing on its behalf.)	

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 CNLY 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 a duly authorized officer.
- 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. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.

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Attn: DPS