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FORM **BCA 2.10 (MCA)** (rev. Dec. 2003)

ARTICLES OF INCORPORATION

Medical Corporation

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-9522
www.cyberdriveillinois.com

Doc#: 0515317106
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 06/02/2005 03:49 PM Pg: 1 of 2



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Jesse White Secretary of State

or CRA's check payable to the Secretary of State.
SEE NOTE 1 TO DETERMINE FEES!

FILED: 5/26/2005

Filing Fee: \$150.00 Franchise Tax \$ **25.00** Total \$ **175.00** File # **64255231** Approved: _____
Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. CORPORATE NAME: Paul Carter, M.D., S.C.

The corporate name must end with one of the following words or abbreviations: "Chartered", "Limited", "Ltd.", "Service Corporation" or "S.C."

2. Initial Registered Agent: Ira J. Marcus

First Name

Middle Name

Last Name

Initial Registered Office: 19 S. La Salle Street, Suite 1500

Number

Street

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

Chicago

IL

60603

Cook

City

ZIP Code

County

3. Purpose of purposes for which the corporation is organized:

Medical Corporation: To own, operate and maintain an establishment for the study, diagnosis and treatment of human ailments and injuries, whether physical or mental, and to promote medical, surgical and scientific research and knowledge; provided that medical or surgical treatment, advice or consultation will be given by employees of the corporation only if they are licensed pursuant to the Medical Practice Act.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
Common	1,000	100	\$ 1,000.00

TOTAL = \$ 1,000.00

Paragraph 2: The preferences, qualification, limitations, restrictions and special or relative rights in respect of the shares of each class are:

(If no sufficient space to cover this point, add one or more sheets of this size.)

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5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: _____
- (b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Address	City, State, ZIP

6. **OPTIONAL:** (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ _____
- (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
- (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ _____
- (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

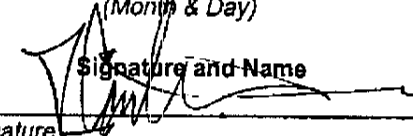
7. **OPTIONAL: OTHER PROVISIONS**

Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. **NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated May 26, 2005
(Month & Day) Year

Signature and Name	Address
1. <u>X</u>  Signature <u>Dr. Paul Carter</u> (Type or Print Name)	1. <u>211 E. Ontario St., Ste 1195</u> Street <u>Chicago</u> <u>Illinois</u> <u>60611</u> City/Town State ZIP Code
2. _____ Signature (Type or Print Name)	2. _____ Street City/Town State ZIP Code
3. _____ Signature (Type or Print Name)	3. _____ Street City/Town State ZIP Code

(Signatures must be in **BLACK INK** on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

NOTE: The incorporator must be either one or more persons licensed pursuant to the Medical Practice Act or an Illinois attorney.

Note 1: Fee Schedule

The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this State. (Minimum initial franchise tax is \$25)

The filing fee is \$150

The minimum total due (franchise tax + filing fee) is \$175.

Note 2: Return to:

(Firm name)

(Attention)

(Mailing Address)

(City, State, ZIP Code)

FMS