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FORM **BCA 2.10 (MCA)** (rev. Dec. 2003)
ARTICLES OF INCORPORATION
 Medical Corporation

Doc#: **0532632044** Fee: \$26.50
 Eugene "Gene" Moore
 Cook County Recorder of Deeds
 Date: 11/22/2005 12:59 PM Pg: 1 of 2

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

Filed: 11/18/2005



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 check,
 ; attorney's

Jesse White Secretary of State

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

Filing Fee: \$150.00 Franchise Tax \$ 25.00 Total \$ 175.00 File # 64583603 Approved: _____
 Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. **CORPORATE NAME:** Kurt F. Olsen, 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:** Marc J. Lane
First Name Middle Name Last Name

Initial Registered Office: 180 N. LaSalle Street Suite 2100
Number Street Suite No. (A P.O. Box alone is not acceptable)

Chicago IL 60601 Cook
City ZIP Code County

3. **Purpose of purposes for which the corporation is organized:** 17
 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	10,000	1,000	\$ 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 November 17, 2005
(Month & Day) Year

Signature and Name	Address
1. <u>Marc J. Lane</u> <small>Signature</small> Marc J. Lane <small>(Type or Print Name)</small>	1. <u>180 N. LaSalle Street, Suite 2100</u> <small>Street</small> Chicago IL 60601 <small>City/Town State ZIP Code</small>
2. _____ <small>Signature</small> _____ <small>(Type or Print Name)</small>	2. _____ <small>Street</small> _____ <small>City/Town State ZIP Code</small>
3. _____ <small>Signature</small> _____ <small>(Type or Print Name)</small>	3. _____ <small>Street</small> _____ <small>City/Town State ZIP Code</small>

(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:
Law Offices of Marc J. Lane
(Firm name)
Marc J. Lane
(Attention)
180 N. LaSalle St., Suite 2100
(Mailing Address)
Chicago, IL 60601
(City, State, ZIP Code)