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FORM BCA 5.10/5.20 (rev. Dec. 2003)
STATEMENT OF CHANGE OF
REGISTERED AGENT AND/OR
REGISTERED OFFICE
Business Corporation Act

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

FILED

Doc#: 0600556175 Fee: \$26.00 Eugene "Gene" Moore Cook County Recorder of Deeds Date: 01/05/2006 02:02 PM Pg: 1 of 2

OCT 3 1 2005

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

JESSE WHITE SECRETARY OF STATE

to tn	le Secretary of State.				0.	
		File # <u>576</u>	6-707-9	Filing Fee: \$25.00	Approved:	
	Submit in duplicate	Type or Print clear	ty in black ink	-Do not write above this line-		
		6				
1.	CORPORATE NAME:ALLBEST HOME HEALTH CARE, INC.					
		- UVODEODATION, II	LINOIS			
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	DONALD	G	OLSE	.N	
		First Name	Middle Name	Last	Name	
	Registered Office 130 S JEFFERSON STE 500 Number Street Suite No. (A P.O. Box alone is not acceptable)					
		Number Street CHICAGO	50661		OOK	
		City	ZIP C:de		ounty	
4 .	Name and address of the registered agent and registered office shall be (after all changes herein reported):					
	Registered Agent	DONALD	G	OI	LSEN	
		First Name 5 REVERE DRIVE	Middle Name STE 200	4,	t Name	
	, 	Number Street NORTHBROOK	Suite No. (A F 60062	P.O. Box alone is not ac	CONTROL CONTRO	
		City	ZIP Code	C	ounty	
5.	The address of the registe will be identical.	ered office and the addres	s of the business offic	ce of the registered ર	entras changed,	
6.	The above change was authorized by: ("X" one box only) a. By resolution duly adopted by the board of directors. (Note 5)					
	a. By resolution duly adopted by the board of directors. b. By action of the registered agent.			(Note 6)		

SEE REVERSE SIDE FOR SIGNATURES(S).

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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			
	(Month & Day)	(Year)	(Exact Name of Corporation)
	(Any Authorized Officer's Signature)		•
	(Type or Print Name a	nd Title)	
(If change The u	of registered office by register indersigned, under penalties of CCTOBER 20	red agent, si of perjury, aff 2005	gn here. See Note 6) irms that the facts stated/herein are true.
	(Nonth & Day)	(Year)	(Signature of Registered Agent of Record)
			DONALD G OLSEN
	Ox	>	(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

NOTES

behalf.)

- 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 ing 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 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.