

UNOFFICIAL COPY

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



Doc#: **0609031052** Fee: \$26.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 03/31/2006 11:09 AM Pg: 1 of 2

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

FILED

MAR 7 - 2006

Remit payment in the form of a check or money order payable to Secretary of State. **JESSE WHITE SECRETARY OF STATE**

File # 64017233 Filing Fee: \$25 Approved: [Signature]
Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. Corporate Name: TOTAL BALANCE CHIROPRACTIC, P.C.

2. State or Country of Incorporation: Illinois

3. Name and Address of Registered Agent and Registered Office as they appear on the records of the Office of the Secretary of State (before change):

Registered Agent Margaret Koszylko Smith
First Name Middle Name Last Name
Registered Office 4457 N. Beacon St., Unit 1
Number Street Suite No. (P.O. Box alone is unacceptable)
Chicago, IL 60640 COOK COUNTY
City ZIP Code County

4. Name and Address of Registered Agent and Registered Office shall be (after all changes herein reported):

Registered Agent Margaret Koszylko Smith
First Name Middle Name Last Name
Registered Office 3139 N. Lincoln Ave., Suite 209
Number Street Suite No. (P.O. Box alone is unacceptable)
Chicago IL 60657 COOK COUNTY
City ZIP Code County

5. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

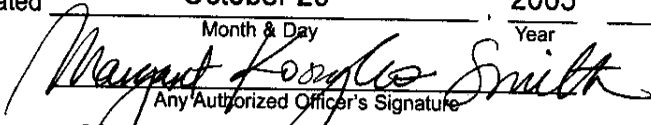
6. The above change was authorized by: ("X" one box only)
- a. Resolution duly adopted by the board of directors. (Note 5)
 - b. Action of the registered agent. (Note 6)

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PA
MY
RJ

SEE REVERSE FOR SIGNATURE(S).

UNOFFICIAL COPY**7. If authorized by the board of directors, sign here. See Note 5 below.**

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 and correct.

Dated October 20, 2005 TOTAL BALANCE CHIROPRACTIC, P.C.
Month & Day Year Exact Name of Corporation

Any Authorized Officer's Signature
Margaret Koszylo Smith, President
Name and Title (type or print)

If change of registered office by registered agent, sign here. See Note 6 below.

The undersigned, under penalties of perjury, affirms that the facts stated herein are true and correct.

Dated _____, _____
Month & Day Year _____
Signature of Registered Agent of Record

Name (type or print)
If Registered Agent is a corporation,
Name and Title of 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 (P.O. Box alone is unacceptable).
3. A corporation cannot act as its own registered agent.
4. If the registered office is changed from one county to another, 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 registered agent must be by resolution adopted by the board of directors. This statement must 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/she is a 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.