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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



Doc#: 0615745087 Fee: \$26.50

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 06/06/2006 03:03 PM Pg: 1 of 2

che	nit payment in the form of a ck or mc. ey order payable he Secretary of State. FILED: 04/06/06 Jesse White Secretary of State			
	File # 54314957	Filtra F. does a		
	Stib it a displicate	Filing Fee: \$25.00 Approved: EM not write above this line		
1.	CORPORATE NAME: Diamond Headache Clinic, Ltd.			
2.	STATE OR COUNTRY OF INCORPORATION: Illinois CP0035595			
3.	Name and address of the registered agent and registered office as they a of the Secretary of State (before change):	ppear on the records of the office		
	Registered Agent James M.	Staulcup		
	First Name Middle Name	Last Name		
	Registered Office 161 N. Clark Street, Suite 4800 Number Street Suite No. (A.P.O.)			
	Number Street Suite No. (A P.O. Chicago 60601	Box alone is not acceptable) Cook		
	City Zir Code	County		
4.	Name and address of the registered agent and registered office shall be (a	•		
	Registered Agent BCRA Co.			
	First Name Middle Name Registered Office 161 N. Clark, Suite 4300	Last Name		
	Number Street Suite No. (A P.O. Chicago 60601	Box arone is not acceptable) Cook		
	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.			
ô.	The above change was authorized by: ("X" one box only)			
	a. By resolution duly adopted by the board of directors. (No.	te 5)		
		te 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	_ 1	Diamond Headache Clinic, Ltd.
(Month & Day)	(Year)	(Exact Name of Corporation)
(Any Authorized Officer's Seymour Diamond M.D., Pr	Signature) esident	
(Type or Print Name ar	nd Title)	-
Dated	<i>ed agent, si</i> f perjury, aff	gn here. See Note 6) irms that the facts stated herein are true.
(Month & Day)	(Year)	(Signature of Registered Agent of Record)
O _x	·	(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

- 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 aduress; 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 rirectors. 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.