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

Doc#: 0625720121 Fee: \$26.00 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 09/14/2006 10:38 AM Pg: 1 of 2

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

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JESSE WHITE SECRETARY OF STATE

Remit payment in the form of a check or money order payable				
to the	Secretary of State File # (1330	01704	Filing Fee: \$	1:1/1/
	Submit in d. plio iteType or Print clear	y in black ink-	Do not write above	unis una
1.	CORPORATE NAME: Medical Solutions, Inc.			
2.	STATE OR COUNTRY OF INCORPORATION: NO			1 (1) - office
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 CT Corporation System. First Name	Middle Name		Last Name
	Registered Office 280 S. LaSalle Street, Suit Number Street Chicago, IL 60604-1101	Chitch to the	P.O. Box alone l	s not acceptable) Cook
	City	ZIF Sode		County
4.	Name and address of the registered agent and registered office shell be (after all changes herein reported):			
	Registered Agent National Registered Agen First Name	ts, Inc. Middle Name	6	Last Name
	Registered Office 200 West Adams Street Number Street Suite No. (A P.O. Box since is not acceptable) Chicago, IL 60606, County of Cook			
	City	ZIP Gode		County
5.	The address of the registered office and the address will be identical.	ss of the business o	ffice of the regist	ered agent, as changed
6.	The above change was authorized by: ("X" one based on a. By resolution duly adopted by the board of b. By action of the registered agent.	box only) of directors.	(Note 5) (Note 6)	

SEE REVERSE SIDE FOR SIGNATURES(S).

C-135.17

UNOFFICIAL COPY

(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. Medical Solutions, Inc. (Exact Name of Corporation) Dated (Year) (Any Authorized Officer's Signature) Scott Anderson, President (Type or Print Name and Title) (If change of registered office by registered agent, sign here. See Note 6) The under sonid, under penalties of perjury, affirms that the facts stated herein are true. Dated (Signature of Registered Agent of Record) (Year) (Morati Day) (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.)

- MOTES
- 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 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 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.

PREMIER CORPORATE SERVICES 200 West Adams Street Suite 2007 Chicago, IL 60606