

# UNOFFICIAL COPY

Form **LLC-1.36/**  
**1.37** July 2005

Secretary of State Jesse White  
Department of Business Services  
Limited Liability Division  
Room 351 Howlett Building  
501 S. Second St.  
Springfield, IL 62756  
www.cyberdriveillinois.com

Payment must be made by business  
firm check payable to Secretary of State.  
(If check is returned for any reason  
this filing will be void.)

## Illinois Limited Liability Company Act Statement of Change of Registered Agent and/or Registered Office

FILE # 01321102

This space for use by Secretary of State.

**SUBMIT IN DUPLICATE**  
Must be typewritten

This space for use by Secretary of State.

Filing Fee: \$25

Approved: *B*

**FILED**

OCT 12 2006

JESSE WHITE  
SECRETARY OF STATE

1. Limited Liability Company Name: ATLAS HEALTH ADMINISTRATORS, LLC

2. 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 HOWARD M. BERRINGTON  
First Name Middle Name Last Name

Registered Office 55 E. MONROE ST. 40TH FL.  
Number Street Suite No. (P.O. Box alone is unacceptable)

CHICAGO, IL 60603 COOK  
City ZIP Code County

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

Registered Agent HOWARD M. BERRINGTON  
First Name Middle Name Last Name

Registered Office 2 N. LASALLE ST. SUITE 1300  
Number Street Suite No. (P.O. Box alone is unacceptable)

CHICAGO, IL 60602 COOK  
City ZIP Code County

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

5. The above change was authorized by: (check one box only)
- a.  resolution duly adopted by the members or managers. (See Note 4.)
- b.  action of the registered agent. (See Note 5.)



Doc#: 0630331023 Fee: \$26.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 10/30/2006 10:54 AM Pg: 1 of 2

SEE REVERSE FOR SIGNATURE(S).

**RETURN TO BOX 242**

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6. If the change to the registered agent or registered office is authorized by the members or managers, sign here. (See Note 4 below.)

The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this statement to change the registered agent or address is to the best of my knowledge and belief, true, correct and complete.

Dated \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Month/Day Year

\_\_\_\_\_  
Signature (Must comply with Section 5-45 of ILLCA.)

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
If the member or manager signing this document is a company or other entity, state name of company and indicate whether it is a member or manager of the Limited Liability Company.

**If change of registered office by registered agent, sign here. (See Note 5 below.)**

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

Dated OCTOBER 9, \_\_\_\_\_, 2006  
Month/Day Year

  
Signature of Registered Agent of Record

HOWARD M. BERRINGTON  
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 Limited Liability Company; 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 Limited Liability Company cannot act as its own registered agent.
4. Any change of registered agent or registered address effected by the Limited Liability Company must be by resolution adopted by the members or managers.
5. The registered agent may report a change of the registered office of the Limited Liability Company 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.