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1998-11-17 08:37:53
Cook County Recorder

File Number 6019-091-7



State of Illinois
Office of
The Secretary of State

Whereas, ARTICLES OF INCORPORATION OF ST. JOHN'S HEALTH CARE SERVICES, INC. INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this 29TH day of OCTOBER A.D. 19 98 and of the Independence of the United States the two hundred and 23RD



George H Ryan

Secretary of State

Form **BCA-2.10** ARTICLES OF INCORPORATION

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(Rev. Jan. 1995)

This space for use by Secretary of State

FILED

OCT 29 1998

GEORGE H. RYAN
SECRETARY OF STATE

SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date 10-29-98

Franchise Tax \$ 25.00

Filing Fee \$ 75.00

Approved: *Be*

100.00

George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62756
http://www.sos.state.il.us

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

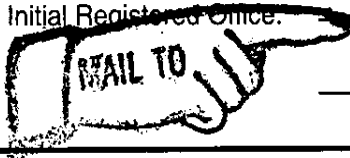
1. CORPORATE NAME: ST. JOHN'S HEALTH CARE SERVICES, INC.

(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent: BENJAMIN C ANYASOR
First Name Middle Initial Last name

Initial Registered Office: 2507 WEST AUGUSTA
Number Street Suite #

CHICAGO IL 60622 COOK
City Zip Code County



3. Purpose or purposes for which the corporation is organized:
(If not sufficient space to cover this point, add one or more sheets of this size.)
TO PROVIDE STAFF OF EMPLOYEES OR ASSISTANTS TO HEALTH CARE PROVIDERS AND ANY LAWFULL BUSINESS ACTIVITIES FOR WHICH CORPORATIONS CAN BE INCORPORATED UNDER THE ILLINOIS BUSINESS CORPORATE ACT. THE CORPORATION WILL NOT RENDER ANY LICENSED PROFESSIONAL SERVICES.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMMON	\$5.00	2,000	1,000	\$5,000

TOTAL = \$5,000

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

(If not sufficient space to cover this point, add one or more sheets of this size.)

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C-162.19

Department of Business Services Telephone (217) 782-9522 or 782-9523
Illinois Secretary of State
Springfield, IL 62756

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.
- The filing fee is \$75.
- The minimum total due (franchise tax + filing fee) is \$100.
- (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.

FEE SCHEDULE

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

(Signatures must be in **BLACK INK** on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

(Type or Print Name) _____
City/Town _____ State _____ Zip Code _____

Signature _____
Street _____

(Type or Print Name) _____
City/Town _____ State _____ Zip Code _____

Signature _____
Street _____

(Type or Print Name) _____
City/Town _____ State _____ Zip Code _____

Signature _____
Street _____

Address _____
City/Town _____ State _____ Zip Code _____

Dated _____, 19____

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)

Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting maturity requirements, fixing a duration other than perpetual, etc.

7. OPTIONAL: OTHER PROVISIONS

6. OPTIONAL:
- It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ _____
 - It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
 - It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ _____
 - It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

5. OPTIONAL:
- Number of directors constituting the initial board of directors of the corporation: _____
 - Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify: _____
Name _____
Residential Address _____
City, State, ZIP _____