

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 501 S. Second St., Rm. 350 Springfield, IL 62756 217-782-3647 www.cyberdriveillinois.com

Remit payment in the form of a check or money order payable to Secretary of State.

Doc#: 0808034026 Fee: \$38.50 Eugene "Gene" Moore Cook County Recorder of Deeds

Cook County Recorder of Deeds
Date: 03/20/2008 09:23 AM Pg: 1 of 2

to Secretary of State.		FILED FL	FILED FEBUARY 1, 2008, SECRETARY OF STATE, JESSE WHITE			
	<i>N</i>			Filing Fee: \$25 Approved: JH		
		Q _A	or Print clearly in black ink			
1.	Corporate Name:	NORTHWEST PULMON	NARY AND SLEEP MEDICINE,	3.0.		
	State or Country of Incorporation. LINOIS 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:	JAYME	R.	MATCHINSKI		
		First Name	Middle Name	Last Name		
	Registered Office:	222 N. LASALLE ST.	· O,	SUITE 300		
		Number	Street	Suite # (P.O. Box alone is unacceptable)		
	: .	CHICAGO	60601	COOK		
		Clty	ZIP cor e	County		

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

Registered annt: BR	UCE		ROBBINS
	First Name	Middle Name	Last Name
Degister d Office: 110	1 PERIMETER DRIVE		SUITE 760
	Number	Street	Suite # (P.C. Box alone is unacceptable)
SC SC	HAUMBURG	60173	CCOK
(m) 3 = ==	City	ZIP Code	County

be address of the registered office and the address of the business office of the registered agent, as changed, will educate.

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

SEE REVERSE FOR SIGNATURE(S).

SP SM CC

0808034026 Page: 2 of 2

UNOFFICIAL

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. NORTHWEST PULMONARY AND SLEEP MEDICINE, S.C. Dated Exact Name of Corporation Year Officer's Signature DENNIS KELLAR, 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 Signature of Registered Agent of Record Month & Day 600 M 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 c read address (P.O. Box alone is unacceptable).
- 3. A corporation cannot act as its own registered a jent.
- 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 mist sign this statement.

Office