

UNOFFICIAL COPY



0808034026

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

Doc#: **0808034026** Fee: **\$38.50**
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 03/20/2008 09:23 AM Pg: 1 of 2

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.

FILED FEBRUARY 1, 2008, SECRETARY OF STATE, JESSE WHITE

File # 65539713 Filing Fee: \$25 Approved: JH

Submit in duplicate Type or Print clearly in black ink Do not write above this line



CP0126591

- Corporate Name: NORTHWEST PULMONARY AND SLEEP MEDICINE, S.C.
- State or Country of Incorporation: ILLINOIS
- 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:	<u>JAYME</u>	<u>R.</u>	<u>MATCHINSKI</u>
	First Name	Middle Name	Last Name
Registered Office:	<u>222 N. LASALLE ST.</u>	<u>SUITE 300</u>	
	Number	Street	Suite # (P.O. Box alone is unacceptable)
	<u>CHICAGO</u>	<u>60601</u>	<u>COOK</u>
	City	ZIP Code	County

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

Registered Agent:	<u>BRUCE</u>	<u>ROBBINS</u>
	First Name	Last Name
Registered Office:	<u>1101 PERIMETER DRIVE</u>	<u>SUITE 760</u>
	Number	Street
	<u>SCHAUMBURG</u>	<u>60173</u>
	City	ZIP Code



- The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.
- The above change was authorized by: ("X" one box only)
 - Resolution duly adopted by the board of directors. (See Note 5 on reverse.)
 - Action of the registered agent. (See Note 6 on reverse.)

SEE REVERSE FOR SIGNATURE(S).

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