

UNOFFICIAL COPY



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

Doc#: 0814144010 Fee: \$62.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 05/20/2008 11:21 AM Pg: 1 of 14

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

SECRETARY OF STATE
JESSE WHITE

MAY 09 2008

FILED

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

File # 5783-297-5 Filing Fee: \$25.00 Approved: gjt
Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. CORPORATE NAME. Anesthesia Management Partners, Inc.

2. STATE OR COUNTRY OF INCORPORATION: Illinois

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	<u>Colette Luchelita-Stender</u>		
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Registered Office	<u>50 East Old Mill Rd.</u>		
	<i>Number</i>	<i>Street</i>	<i>Suite No. (A P. O. Box alone is not acceptable)</i>
	<u>Lake Forest, IL</u>	<u>0045</u>	<u>Lake</u>
	<i>City</i>	<i>ZIP Code</i>	<i>County</i>

4. Name and address of the registered agent and registered office shall be (after all changes herein reported):

Registered Agent	<u>Joseph E. Bender</u>		
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Registered Office	<u>225 West Wacker Drive, Suite 2800</u>		
	<i>Number</i>	<i>Street</i>	<i>Suite No. (A P. O. Box alone is not acceptable)</i>
	<u>Chicago, IL 60606</u>		<u>Cook</u>
	<i>City</i>	<i>ZIP Code</i>	<i>County</i>

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

6. The above change was authorized by: ("X" one box only)

- a. By resolution duly adopted by the board of directors. (Note 5)
- b. By action of the registered agent. (Note 6)

SEE REVERSE SIDE FOR SIGNATURE(S).

UNOFFICIAL COPY**7. (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.

Dated April 29, 2008 Anesthesia Management Partners, Inc.
 (Month & Day) (Year) (Exact Name of Corporation)

 (Any Authorized Officer's Signature)
 Mladen Batinovic, President

 (Type or Print Name and Title)

(If change of registered office by registered agent, sign here. See Note 6)

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

Dated _____, _____
 (Month & Day) (Year) (Signature of Registered Agent of Record)

 (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.)

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 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.

UNOFFICIAL COPY

YEAR OF: 2008
File Prior to: 5/1/2008

**STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT**
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION
FILE #: D57832975

NOTE: A change in the Registered Agent and/or Registered Office may only be effected by filing Form BCA-5.10/5.20. If there have been any changes in items 6 or 7a; Form BCA-14.30 *must be completed and submitted in the same envelope.*

RECEIVED

MAY 09 2008

1. Corporate Name: Anesthesia Management Partners, Inc.
Registered Agent: Colette Luchetta-Stendel
Registered Office: 50 East Old Mill Road
City, IL, ZIP Code: Lake Forest, IL 60045 County: Lake

2. Principal Address of Corporation: 28835 Herky Drive, #204, Lake Bluff, IL 60044
Street City

3. Date Incorporated: 5/27/1994

JESSE WHITE
SECRETARY OF STATE

4. Names and Addresses of Officers and Directors:

NOTE: The names and addresses of ALL officers and directors must be entered in this item!

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	Mladen Batinovic	28835 Herky Drive, #204, Lake Bluff, IL	60044		
Secretary	David Batinovic	28835 Herky Drive, #204, Lake Bluff, IL	60044		
Treasurer					
Director	Mladen Batinovic	28835 Herky Drive, #204, Lake Bluff, IL	60044		
Director	David Batinovic	28835 Herky Drive, #204, Lake Bluff, IL	60044		
Director					

5. If 51% or more of stock is owned by a minority or female, please check appropriate box: Minority Owned Female Owned

6. Number of shares authorized and issued (as of 2/29/08):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
Common		.00000	10,000	900

IMPORTANT: If the amount in item 6 or 7a differs from the Secretary of State's records, Form BCA-14.20 must be completed.

7a. Amount of Paid-in Capital (as of 2/29/08): \$ 1000

7b. Paid-in Capital on record with Secretary of State: \$ 1000

(Paid-in Capital reflects the sum of the Stated Capital and Paid-in surplus accounts.)

8. By [Signature] President 4-28-09
Any Authorized Officer's Signature Title Date

Under the penalty of perjury and as an authorized officer, I declare this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

Item 8 Must Be Signed.

RETURN TO:

Jesse White, Secretary of State
Department of Business Services • 501 S. Second St. • Springfield, IL 62756
217-782-7808 • www.cyberdriveillinois.com

Please Complete Reverse Side of This Report

PRESIDENT Mladen Batinovic 28835 Herky Drive, #204, Lake Bluff, IL 60044
SECRETARY David Batinovic 28835 Herky Drive, #204, Lake Bluff, IL 60044

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

D57832975
File #

PRESIDENT _____
Name Street Address City State ZIP Code

SECRETARY _____
Name Street Address City State ZIP Code

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER IF NOT PRINTED: _____

UNOFFICIAL COPY

(Item 9 OR 10a OR 10b, whichever is applicable, MUST be completed.)

9. Amounts stated in parts (a) through (d) below are given for the 12-month period ending _____
Day Month Year

Value of the property (gross assets):

- (a) owned by the corporation, wherever located: \$ _____
- (b) of the corporation located within the State of Illinois: \$ _____
- Gross amount of business transacted by the corporation:
- (c) everywhere for the above period: \$ _____
- (d) at or from places of business in Illinois for the above period: \$ _____

ALLOCATION FACTOR = $\frac{b + d}{a + c}$ = * _____ Write this figure on line 11b below.
6 decimal places

- 10a. ALL property of the Corporation is located in Illinois and ALL business of the Corporation is transacted at or from places of business in Illinois.
- 10b. The Corporation elects to pay franchise tax on the basis of 100% of its total Paid-in Capital.

ALLOCATION FACTOR = 1.00000 (Write this figure on line 11b below.)

STOP: Item 9 or 10 must be completed before continuing to Item 11.

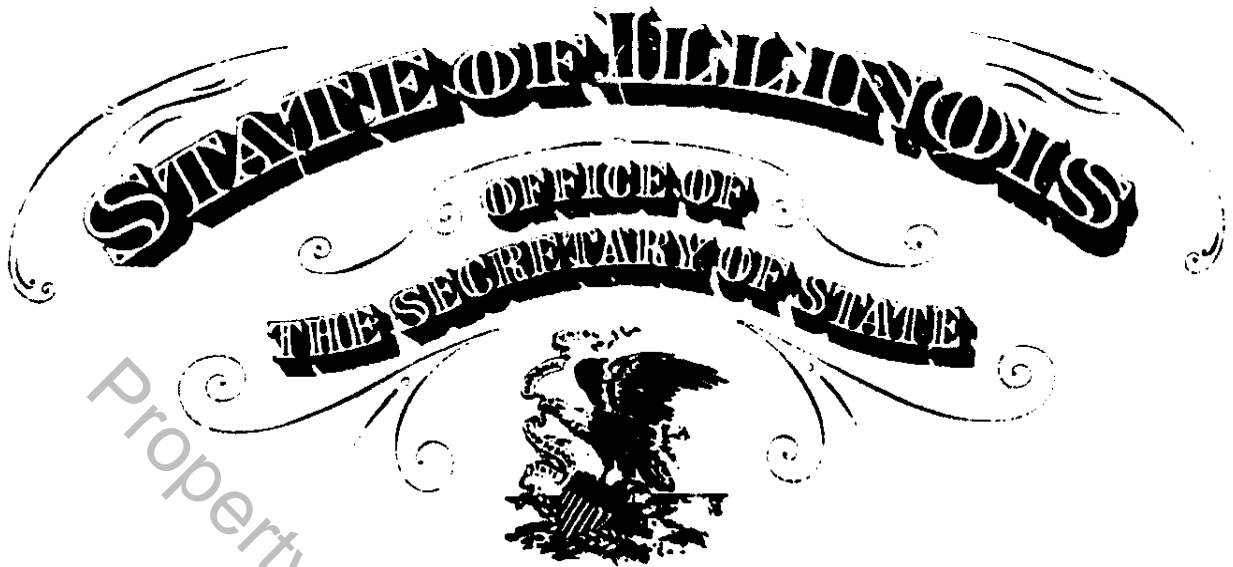
11. ANNUAL FRANCHISE TAX AND FEES

11a. TOTAL PAID-IN CAPITAL (Enter amount from Item 7; if late, enter the greater of 7a or 7b)	a.	1,000.00	
11b. ALLOCATION FACTOR (Enter from Item 9 or Item 10.)	b.	1.000000	
11c. ILLINOIS CAPITAL (Multiply line 11a by line 11b)	c.	1,000.00	
11d1. Multiply line 11c by .001 (Round to nearest cent)	d1.	1.00	
11d2. ANNUAL FRANCHISE TAX (Enter amount from line d1, but not less than \$25)	d2.		25.00
11e1. If Annual Report is late, multiply line d2 by .10	e1.	2.50	
11e2. If Annual Franchise Tax is late, multiply line d2 by .02 for each month late or part thereof (minimum \$1)	e2.	1.00	
11e3. INTEREST & PENALTIES (Add lines e1 and e2)	e3.		3.50
11f. ANNUAL REPORT FILING FEE (\$75)	f.		+ 75.00
11g. TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, PENALTIES DUE (Add line d2 + line e3 + line f)	g.		103.50

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.
(Place corporate file number on check.)

IMPORTANT

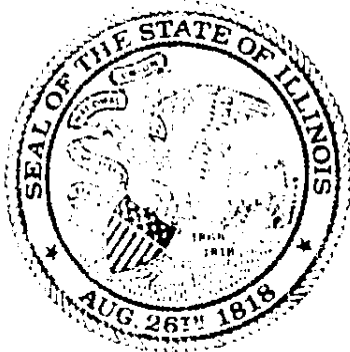
If there have been changes in Items 6 or 7, Form BCA 14.30 must be executed and submitted with this Annual Report in the same envelope.

UNOFFICIAL COPYFile Number 5783-297-5

Whereas, ARTICLES OF INCORPORATION OF
M.D. BILLING AND CONSULTING 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 27TH
day of MAY A.D. 1994 and
of the Independence of the United States
the two hundred and 18TH.*



George H. Ryan
SECRETARY OF STATE

UNOFFICIAL COPY

<p>Form BCA-2.10 ARTICLES OF INCORPORATION</p> <p>(Rev. Jan. 1991)</p> <p>George H. Ryan Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-6961</p> <p>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."</p>	<p style="font-size: 2em; font-weight: bold;">FILED</p> <p>MAY 27 1994</p> <p>GEORGE H. RYAN SECRETARY OF STATE</p> <p style="font-size: 1.5em; font-weight: bold; transform: rotate(-15deg);">PAID</p> <p style="font-size: 1.5em; font-weight: bold; transform: rotate(-15deg);">MAY 27 1994</p>	<p style="text-align: center;">SUBMIT IN DUPLICATE!</p> <p style="text-align: center; font-size: 0.8em;">This space for use by Secretary of State</p> <p>Date: 5-27-94</p> <p>Franchise Tax: \$ 25.00</p> <p>Filing Fee: \$ 75.00</p> <p>Approved: <i>JW</i> 100.00</p>
---	--	--

1. **CORPORATE NAME:** M.D. BILLING AND CONSULTING SERVICES, INC.

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

2. **Initial Registered Agent:** JULIE A. ZAUGG

<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>

Initial Registered Office: 290 DEERPATH ROAD, #32

<i>Number</i>	<i>Street</i>	<i>Suite #</i>
LAKE FOREST,	60045	LAKE
<i>City</i>	<i>Zip Code</i>	<i>County</i>

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 PRACTICE MANAGEMENT SERVICES TO THE HEALTH CARE INDUSTRY;
THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS
CAN BE INCORPORATED UNDER THE ILLINOIS BUSINESS CORPORATION ACT.

44

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	\$ No Par	10,000	900	\$ 1,000.00

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.)

T
5-16

(over)

UNOFFICIAL COPY

5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: 2-5
 (b) 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
DAVID BATINOVIC	1220 GRIFFITH ROAD, LAKE FOREST, IL 60045
MLADEN BATINOVIC	230 BAYSHORE, LAKE BLUFF, IL 60044

6. **OPTIONAL:** (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ _____
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
 (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ _____
 (d) 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: \$ _____

7. **OPTIONAL: OTHER PROVISIONS**
 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 majority requirements, fixing a duration other than perpetual, etc.

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

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

Dated February 10, 19 94

Signature and Name	Address
1. X <u>David Batinovic</u> <small>Signature</small> DAVID BATINOVIC <small>(Type or Print Name)</small>	1. <u>1220 Griffith Road</u> <small>Street</small> <u>Lake Forest, IL 60045</u> <small>City/Town State Zip Code</small>
2. X <u>MLADEN BATINOVIC</u> <small>Signature</small> MLADEN BATINOVIC <small>(Type or Print Name)</small>	2. <u>230 Bayshore</u> <small>Street</small> <u>Lake Bluff, IL 60044</u> <small>City/Town State Zip Code</small>
3. _____ <small>Signature</small> _____ <small>(Type or Print Name)</small>	3. _____ <small>Street</small> _____ <small>City/Town State Zip Code</small>

(Signatures must be in ink on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on confirmed copies.)
 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.

FEE SCHEDULE

- 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.

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

UNOFFICIAL COPY

FORM **BCA 10.30** (rev. Dec. 2003)
ARTICLES OF AMENDMENT
Business Corporation Act

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-1832
http://www.cyberdriveillinois.com

FILED

DEC 30 2003

JESSE WHITE
SECRETARY OF STATE

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

File # 57832975 Filing Fee: \$50.00 Approved: *[Signature]*
Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. CORPORATE NAME: M.D. Billing and Consulting Services, Inc.



2. MANNER OF ADOPTION OF AMENDMENT:

The following amendment of the Articles of Incorporation was adopted on December 8, 2003
(Month & Day)

- (Year) in the manner indicated below. ("X" one box only)
- By a majority of the incorporators, provided no directors were named in the articles of incorporation and no directors have been elected; (Note 2)
- By a majority of the board of directors, in accordance with Section 10.10, the corporation having issued no shares as of the time of adoption of this amendment; (Note 2)
- By a majority of the board of directors, in accordance with Section 10.15, shares having been issued but shareholder action not being required for the adoption of the amendment; (Note 3)
- By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. At a meeting of shareholders, not less than the minimum number of votes required by statute and by the articles of incorporation were voted in favor of the amendment; (Note 4)
- By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by shareholders having not less than the minimum number of votes required by statute and by the articles of incorporation. Shareholders who have not consented in writing have been given notice in accordance with Section 7.10; (Notes 4 & 5)
- By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by all the shareholders entitled to vote on this amendment. (Note 5)

3. TEXT OF AMENDMENT:

a. When amendment effects a name change, insert the new corporate name below. Use Page 2 for all other amendments.

Article I: The name of the corporation is: *[Signature]*
Anesthesia Management Partners, Inc.

(NEW NAME)

All changes other than name, include on page 2
(over)

P A I D
JAN 02 2003

DEPARTMENT OF
BUSINESS SERVICES

UNOFFICIAL COPY

Text of Amendment

- b. *(If amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety. If there is not sufficient space to do so, add one or more sheets of this size.)*

N/A.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

**RESOLUTION
M.D. BILLING AND CONSULTING SERVICES, Inc.
DECEMBER 8, 2003**


Whereas, M. D. Billing and Consulting Services, Inc. a corporation organized May 27, 1994 under the laws of the State of Illinois, through its Officers and Board of Directors, which Directors, under Article XII of the By-Laws, may establish amendments on behalf of the Corporation, has resolved to hire change the name of the corporation from "M. D. Billing and Consulting Services, Inc." to "Anesthesia Management Partners, Inc.". This change shall become effective today, December 8, 2003.

IN WITNESS WHEREOF, The parties have hereunto set their hand the day and year first above written, such parties representing in aggregate 100% of the shareholders of the corporation.

SIGNED:



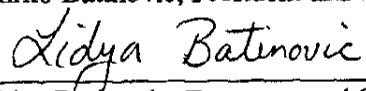
Mladen Batinovic, Director and Shareholder



David Batinovic, Director, Secretary and Shareholder



Mirko Batinovic, President and Shareholder



Lidya Batinovic, Treasurer and Shareholder

UNOFFICIAL COPY

4. The manner, if not set forth in Article 3b, in which any exchange, reclassification or cancellation of issued shares, or a reduction of the number of authorized shares of any class below the number of issued shares of that class, provided for or effected by this amendment, is as follows: *(If not applicable, insert "No change")*

No change

5. (a) The manner, if not set forth in Article 3b, in which said amendment effects a change in the amount of paid-in capital (Paid-in capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts) is as follows: *(If not applicable, insert "No change")*

No change

(b) The amount of paid-in capital (Paid-in Capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts) as changed by this amendment is as follows: *(If not applicable, insert "No change")* (Note 6)

	Before Amendment	After Amendment
Paid-in Capital	\$ <u>No change</u>	\$ _____

(Complete either Item 6 or 7 below. All signatures must be in BLACK INK.)

6. The undersigned corporation has caused these articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true.

Dated 11/11 _____, _____ M.D. Billing and Consulting Services, Inc.
(Month & Day) (Year) (Exact Name of Corporation at date of execution)

(Any Authorized Officer's Signature)
Mirko Batinovic, President
(Type or Print Name and Title)

7. If amendment is authorized pursuant to Section 10.10 by the incorporators, the incorporators must sign below, and type or print name and title.

OR

If amendment is authorized by the directors pursuant to Section 10.10 and there are no officers, then a majority of the directors or such directors as may be designated by the board, must sign below, and type or print name and title.

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

Dated _____, _____
(Month & Day) (Year)

UNOFFICIAL COPY

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

MAY 09 2008

FILED

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

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

File # 5783-297-5 Filing Fee: \$25.00 Approved: JH
 Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. CORPORATE NAME: Anesthesia Management Partners, Inc.

2. STATE OR COUNTRY OF INCORPORATION: Illinois

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	<u>Colette Luchelitta-Stendel</u>		
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Registered Office	<u>50 East Old Mill Rd.</u>		
	<i>Number</i>	<i>Street</i>	<i>Suite No. (A P. O. Box alone is not acceptable)</i>
	<u>Lake Forest, IL</u>	<u>60045</u>	<u>Lake</u>
	<i>City</i>	<i>ZIP Code</i>	<i>County</i>

4. Name and address of the registered agent and registered office shall be (after all changes herein reported):

Registered Agent	<u>Joseph E. Bender</u>		
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Registered Office	<u>225 West Wacker Drive, Suite 2800</u>		
	<i>Number</i>	<i>Street</i>	<i>Suite No. (A P. O. Box alone is not acceptable)</i>
	<u>Chicago, IL 60606</u>	<u>Cook</u>	<u>076</u>
	<i>City</i>	<i>ZIP Code</i>	<i>County</i>

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

6. The above change was authorized by: ("X" one box only)

- a. By resolution duly adopted by the board of directors. (Note 5)
 b. By action of the registered agent. (Note 6)

SEE REVERSE SIDE FOR SIGNATURE(S).

UNOFFICIAL COPY7. *(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.

Dated April 29, 2008 Anesthesia Management Partners, Inc.
 (Month & Day) (Year) (Exact Name of Corporation)

 (Any Authorized Officer's Signature)
 Mladen Batinovic, President
 (Type or Print Name and Title)

(If change of registered office by registered agent, sign here. See Note 6)

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

Dated _____, _____
 (Month & Day) (Year) (Signature of Registered Agent of Record)

 (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.)

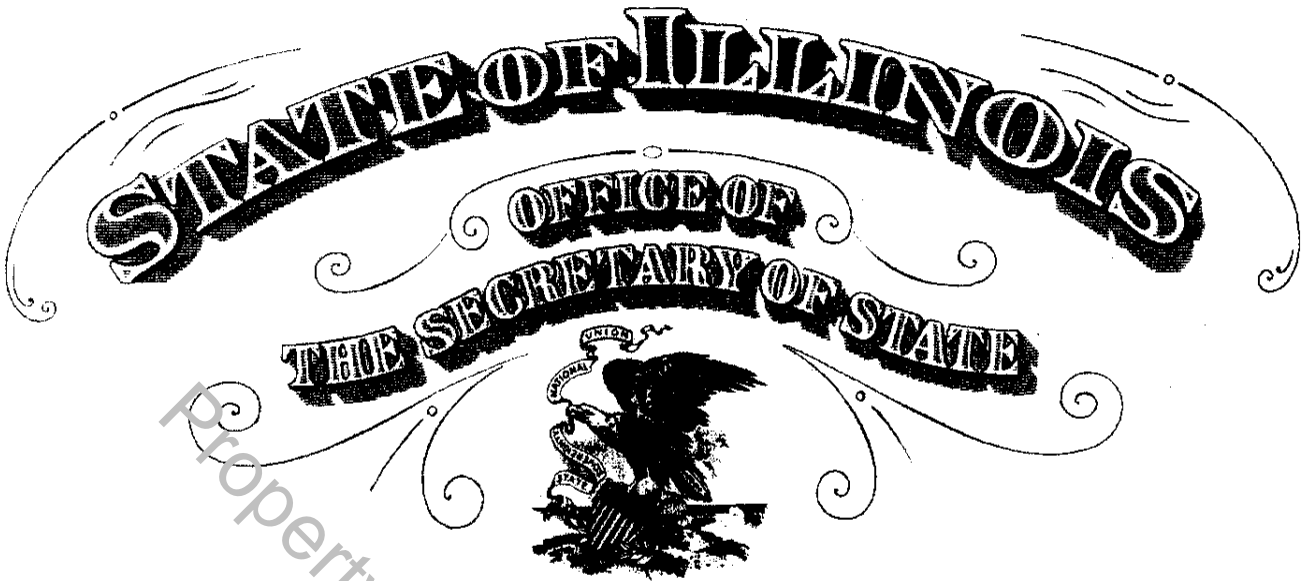
NOTES

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 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.

UNOFFICIAL COPY

File Number

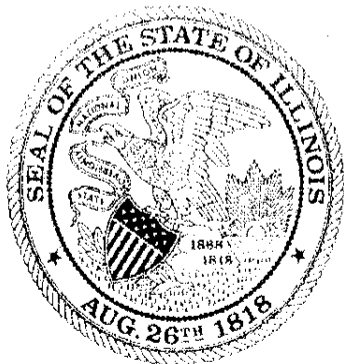
5783-297-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

THE FOREGOING AND HERETO ATTACHED IS A TRUE AND CORRECT COPY, CONSISTING OF 09 PAGES, AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR ANESTHESIA MANAGEMENT PARTNERS, INC.. *****



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH day of MAY A.D. 2008 .

Jesse White

Authentication #: 0813700297

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE