

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

Doc#: 0828245100 **Fee:** \$38.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 10/08/2008 12:56 PM Pg: 1 of 2

FILED

SEP 16 2008

**JESSE WHITE
SECRETARY OF STATE**

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

File #

6583 2674

Filing Fee: \$25

Approved:

Submit in duplicate

Type or Print clearly in black ink

Do not write above this line

1. Corporate Name: Chicagoland Medical and Rehabilitation Center, P.C.

2. State or Country of Incorporation: Illinois

3. 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: Paul A. Gilman

First Name

Middle Name

Last Name

Registered Office: 330 N. Wabash, Suite 3000

Number

Street

Suite # (P.O. Box alone is unacceptable)

Chicago 60611 Cook

City

ZIP Code

County

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

Registered Agent: Paul A. Gilman

First Name

Middle Name

Last Name

Registered Office: 330 N. Wabash, Suite 1700

Number

Street

Suite # (P.O. Box alone is unacceptable)

Chicago 60611 Cook

City

ZIP Code

County

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. 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).

