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 Doc#: 501 S. Second St., Rm. 350

Springfield, IL 62756 217-782-3647

www.cyberdriveillinois.com

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

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

	File #	183 267-4	Filing Fee: \$25 Approved:		
	Submit in dur icale Type or Print c	learly in black ink ———	- Do not write above this line —		
1.	Corporate Name: Chicagoland Medical and Rehabili	tation Center, P.C.			
2.	State or Country of Incorporation: Illino's				
3.	Name and Address of Registered Agent and Pegistered Office as they appear on the records of the Office of the Secretary of State (before change):				
	Registered Agent: Paul A. Gilman				
	First Name	l'iidcle Name	Last Name		
	Registered Office: 330 N. Wabash, Suite 3000				
		Street	Suite # (P.O. Box alone is unacceptable)		
	Chicago 60611 Cook City	ZIP Code	County		
4.	Name and Address of Registered Agent and Registe	red Office shall be (after	all changes herein reported):		
	Registered Agent: Paul A. Gilman		· S -		
	First Name	Middle Name	ast Name		
	Registered Office: 330 N. Wabash, Suite 1700		Vic.		
	Number	Street	Suite # (P.O. Box atome is unacceptable)		
	Chicago 60611 Cook		0 4/1		
	City	ZIP Code	County 0/4		
5.	The address of the registered office and the address be identical.	of the business office of	the registered agent, as changed, will		
6.	The above change was authorized by: ("X" one box of	only)			

SEE REVERSE FOR SIGNATURE(S).

b. Action of the registered agent. (See Note 6 on reverse.)

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Name (type or print)
If Registered Agent is a corporation.
Name and Title of officer who is signing on its behall.

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

Dated			
	Month & Day	Year	Exact Name of Corporation
	Any Authorized Officer's Signa	ture ·	
	Name and Title (type or prin	<u>.t)</u>	
If change o The undersi	f registered office by regist gned, under penalties of perj	tered agent, sign he ury, affirms that the	ere. (See Note 6 below.) facts stated berein are true and correct.
Dated	September 11 Month & Day	2008	Signature of Registered Asset of Second
	instant a bay	icai	Signature of Registered Agent of Record

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 (P.O. Box alone is unacceptable).
- 3. A corporation cannot act as its own registered agent
- 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 foord 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 must sign this statement.

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