UNOFFICIAL COPY

W:\CASES\024448\00026\00030619.DOC STATE OF ILLINOIS) SS. COUNTY OF COOK Doc#: 1334619124 Fee: \$40.00 Karen A. Yarbrough CERTIFICATE TO RECORD NAME Cook County Recorder of Deeds AND OWNERSHIP OF Date: 12/12/2013 04:09 PM Pg: 1 of 1 PEDIATRIC ANESTHESIA ASSOCIATES, LTD. The undersigned being the President and Secretary of PEDIATRIC ANESTHESIA ASSOCIATES, LTD., an Illinois medical corporation, does hereby present for public records, as required by the provisions of 805 ILCS 15/4, the following: The name of the Corporation is PEDIATRIC ANESTHESIA ASSOCIATES, LTD., and the Corporation has been organized pursuant to the Medical Corporation Act of the State of Illinois. The Corporation's principal place of business is located at: Department of Pediatric Anesthesiology, Ann & Robert H. Lurie Child.er. Hospital of Chicago, 225 E. Chicago Avenue, Chicago, Illinois 60611 3. That the shareholders of the Corpora ion as of the date hereof are: Babette J. Horn, M D. Steven C. Hall, M.D. Andrew Roth, M.D. Henry J. Przybylo, M.D. Patrick Birmingham, M.D. Richard M. Dsida, M.D. Carmen Simion, M.D. Santhanam Suresh, M.D. Lisa Sohn, M.D. Isabella Mukherii, M.D. Narasimhan Jagannathan, M.D. Dawn Belvis, M.D. Aisha Siddiqui, D.O. Courtney Hardy, M.D. Ravi Shah, M.D. Amod Sawardekar, M.D. Dated: PEDIATRIC ANESTHES ATTEST: Juhan Malpul the President and Secretary of PEDIATRIC ANESTHESIA ASSOCIATES, LTD. personally appeared before me and being first duly sworn by me, acknowledged the signing of the foregoing document in their capacity therein set forth and declared that the statements therein are true, correct and complete. NY WITNESS WHEREOF, I have hereunto set my hand and seal on the day and year above written. OFFICIAL SEAL State Moon Notary Public **ARDELLE MOON**

Prepared by and after recording return to: Ericka L. Adler, Esq., Kamensky Rubinstein Hochman & Delott, LLP, 7250 N. Cicero Ave., Suite 200, Lincolnwood, Illinois 60712.

Notary Public - State of Illinois My Commission Expires Jul 19, 2016