

UNOFFICIAL COPY

0 0 9 9 0 8

Alan M. Berry

(Signature of Registered Agent of Record)

[Signature]

(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.

SEP 13 1985

Dated

(Type or Print Name and Title)

(Type or Print Name and Title)

(Signature of President or Vice President)

(Signature of Secretary or Assistant Secretary)

by

attested by

(Exact Name of Corporation)

, 19

Dated

(If authorized by the board of directors, sign here. See Note 5) The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true.

- 6. The above change was authorized by: ("X" one box only)
 - a. By resolution duly adopted by the board of directors.
 - b. By action of the registered agent.

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

Registered Agent

Alan M. Berry

Form Name: _____ Middle Name: _____ Last Name: _____

Registered Office

525 West Monroe Street, Suite 1600

Number: _____ Street: _____ Suite No. (A.P.O. Box alone is not acceptable): _____

City: Chicago, IL Zip Code: 60606-3693

County: Cook

4. The name and address of its registered agent and its registered office shall be (After All Changes Herein Reported):

Registered Agent

Alan M. Berry

Form Name: _____ Middle Name: _____ Last Name: _____

Registered Office

55 East Monroe Street, Suite 4100

Number: _____ Street: _____ Suite No. (A.P.O. Box alone is not acceptable): _____

City: Chicago, IL Zip Code: 60603

County: Cook

3. The name and address of its registered agent and its registered office as they appear on the records of the office of the Secretary of State (Before Change) are:

2. The State or Country of Incorporation is Illinois

1. The name of the corporation is BERGER NEUROLOGICAL ASSOCIATES, P. 86064600 hereby submits the following statement. Pursuant to the provisions of "The Business Corporation Act of 1983", the undersigned corporation

The Space For Use By Secretary of State

Date: 6/5/99

Filing Fee: \$5.00

Clerk

JIM EDGAR
Secretary of State
State of Illinois
8 6 0

Submit in Duplicate
Remit payment in Check or Money
Order, payable to "Secretary of State"
DO NOT SEND CASH!

BCA 5.10/5.20 (Rev. Jul. 1984)

File # D 5209-362-7

86064600

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NOTES

09/29/198

- 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 the President (or vice-president) and by the Secretary (or an assistant secretary).
 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.

DEPT-01 RECORDING \$11.85
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#1975 # C * 8-0644600

Form DCA-6.104.23

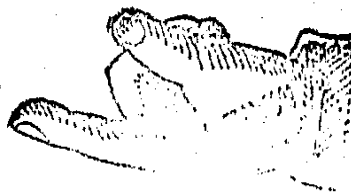
File No. D 5209-362-7

**STATEMENT OF CHANGE OF REGISTERED
AGENT AND/OR REGISTERED OFFICE**

Filing Fee \$5.00

Please return to:

Karyn Kriaris
Katten, Muchin, Zavis,
Pearl & Galler
525 West Monroe Street
Suite 1600
Chicago, Illinois 60606-3693



RETURN TO:

Corporation Department
Secretary of State
Springfield, Illinois 62756
Telephone 217 - 782-7808