

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

FILING DEADLINE IS: PRIOR TO 09/01/87

RETURN TO:

Corporation Department  
Secretary of State  
Springfield, IL 62756  
Telephone (217) 782-7808

STATE OF ILLINOIS  
DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION  
FILE NO.

D4989- 303-5

YEAR OF 1987

FILED

SEP 10 1987

1.) MATERNITY & GYNECOLOGY S.C.  
CORPORATE NAME ERNEST W FREIER 081584  
REGISTERED AGENT  
REGISTERED OFFICE 150 SOUTH WACKER DRIVE  
CITY, IL, ZIP CODE CHICAGO, IL. 60606-0000

2 4 3 1 2 3 3 2

2.) AGENT/OFFICE CHANGES ONLY (see 11h)

SAME

Corporation Name

SAME

Registered Agent

340 Auburn Avenue

Registered Office - Street Address

Winnetka Cook 60093

City, County, IL Zip Code

3.) Date Incorporated 09/17/1971  
Give complete address of principal office, if other than above:



Federal Employer Identification Number  
(FEIN) 362722118

4.) The names and addresses of the officers and directors are: (If officers are directors, so state.)

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
Gabriel A. Rodriguez	President	1810 W. Chicago Ave.	Chicago	IL	60622
Gabriel A. Rodriguez	Secretary	"			
Gabriel A. Rodriguez	Treasurer	"			
Gabriel A. Rodriguez	Director	"			
	Director				
	Director				

5.) The type of business actually conducted in Illinois is: Physician

6.) Number of shares authorized and issued (as of )

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
NON-PAR	common	NPV	100,000	1,000

7a.) The amount of paid-in capital as of 06/30/87 is:

\*PAID-IN CAPITAL \$ \_\_\_\_\_

\*\*"Paid-In Capital" replaces the terms Stated Capital and Paid-in Surplus. It does not include Retained Earnings.

7b.) The Paid-in Capital as of 06/30/87 on record with the Secretary of State is:

TOTAL \$ 1 000

(The figure in Item 7b may not be altered.)

ITEM 8 MUST BE SIGNED

8.) By

*Ernest W. Freier* President 8/31/87  
(Any Authorized Officer's Signature) (Title) (Date)  
(Pres. or V. Pres. required if changes listed in 2)

Attest

*John G. ...* Secretary 8/31/87  
(Secretary's or ass't Secretary's Signature) (Title) (Date)  
required only if changes listed in 2)

Under the penalty of perjury and as an authorized officer, I declare that this annual report and, if applicable, the statement of change of registered agent and/or office, 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

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