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BCA 5.10/5.20 (Rev. Jul. 1984)

JIM EDGAR
Secretary of State
State of Illinois

File # D-5412-957-2

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Secretary of State

Date 12-29-86

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Clerk *JF*

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State".

DO NOT SEND CASH!

STATEMENT OF CHANGE OF REGISTERED AGENT
AND/OR
REGISTERED OFFICE

Pursuant to the provisions of "The Business Corporation Act of 1983", the undersigned corporation hereby submits the following statement.

1. The name of the corporation is THE MARTIN MEDICAL GROUP, CHARTERED

2. The State or Country of Incorporation is ILLINOIS

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:

FILED

DEC 29 1986

Secretary of State
Corporation Department

Registered Agent WILLIAM F MARUTZKY
First Name Middle Name Last Name

Registered Office 701 S. LA SALLE ST. SUITE 700
Number Street Suite No. (A P.O. Box alone is not acceptable)

CHICAGO 60603 COOK USA
City Zip Code County

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

Registered Agent ROBERT DOOLEY
First Name Middle Name Last Name

Registered Office 1701 WOODFIELD DR SUITE 646
Number Street Suite No. (A P.O. Box alone is not acceptable)

SHAUMBURG 60173 USA
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. By resolution duly adopted by the board of directors. (Note 5)

b. By action of the registered agent. (Note 5)

(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.

Dated December 25, 19 86 THE MARTIN MEDICAL GROUP, CHARTERED
(Exact Name of Corporation)

attested by *J. Martin* by *J. Martin*
(Signature of Secretary or Assistant Secretary) (Signature of President or vice president)

JAMES H. MARTIN, M.D. President JAMES H. MARTIN, M.D. PRESIDENT
(Type or Print Name and Title) Show both. (Type or Print Name and Title) and SOLE SHAREHOLDER

(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.

Dated _____, 19 _____
(Signature of Registered Agent of Record)

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