

UNOFFICIAL COPY

17303249

(Signature of Registered Agent of Record)

19

Dated

(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.

(Type or Print Name and Title)

Marlene Brown, Secretary

(Type or Print Name and Title)

Thomas D. Bush, President

(Signature of Secretary or Assistant Secretary)

attested by

(Signature of President or Vice President)

(Exact Name of Corporation)

ARLINGTON PHYSICAL THERAPY, LTD.

April 29, 1987

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.

- a. By resolution duly adopted by the board of directors.
- b. By action of the registered agent.

6. The above change was authorized by: ("X" one box only)

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

City _____ Zip Code _____

Registered Office
Number _____ Street _____ Suite No. (A P.O. Box alone is not acceptable) _____
Palatine, Cook 60067

Registered Agent
First Name _____ Middle Name _____ Last Name _____
Thomas D. Bush

500 N. Hicks Road, Suite 200

City _____ Zip Code _____

Registered Office
Number _____ Street _____ Suite No. (A P.O. Box alone is not acceptable) _____
Palatine, Cook 60067

Registered Agent
First Name _____ Middle Name _____ Last Name _____
D. Brown

500 N. Hicks Road, Suite 200

City _____ Zip Code _____

Registered Office
Number _____ Street _____ Suite No. (A P.O. Box alone is not acceptable) _____
Palatine, Cook 60067

Registered Agent
First Name _____ Middle Name _____ Last Name _____
D. Brown

500 N. Hicks Road, Suite 200

City _____ Zip Code _____

Registered Office
Number _____ Street _____ Suite No. (A P.O. Box alone is not acceptable) _____
Palatine, Cook 60067

Registered Agent
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Palatine, Cook 60067

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D. Brown

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Number _____ Street _____ Suite No. (A P.O. Box alone is not acceptable) _____
Palatine, Cook 60067

Registered Agent
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D. Brown

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City _____ Zip Code _____

Registered Office
Number _____ Street _____ Suite No. (A P.O. Box alone is not acceptable) _____
Palatine, Cook 60067

Registered Agent
First Name _____ Middle Name _____ Last Name _____
D. Brown

500 N. Hicks Road, Suite 200

City _____ Zip Code _____

1. Pursuant to the provisions of "The Business Corporation Act of 1983", the undersigned corporation hereby submits the following statement.
The name of the corporation is ARLINGTON PHYSICAL THERAPY, LTD
The State or Country of Incorporation is Illinois

File # D. 5241-789-1

This Space For Use By Secretary of State

Date _____

Filing Fee \$5.00

Clerk _____

JIM EDGAR
Secretary of State
State of Illinois
STATEMENT OF CHANGE OF REGISTERED AGENT
AND/OR
REGISTERED OFFICE

BCA 5.10/5.20 (Rev. Jul. 1984)

Submit in Duplicate

Remit payment in Check or Money
Order, payable to "Secretary of
State"

DO NOT SEND CASH!

87303249

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

Registered Office
Number _____ Street _____ Suite No. (A P.O. Box alone is not acceptable) _____
Palatine, Cook 60067

Registered Agent
First Name _____ Middle Name _____ Last Name _____
Thomas D. Bush

500 N. Hicks Road, Suite 200

City _____ Zip Code _____

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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, 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.

JUN--4-87 44275 • 87303249 • A -- Rec

RECEIVED 12.00

12.00 E



File No. D 5041-789-1

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

Filing Fee \$5.00

RETURN TO:

Corporation Department
Secretary of State
Springfield, Illinois 62756
Telephone 217 - 782-7800