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!

Dated MARCH 13

JIM EDGAR Secretary of State State of Illinois

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

		 			4.
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FILE	# //	 ムイマ		ULIC	0
	. 9	 	,	0	_

This Space For Use By Secretary of State

Date

Signature of Registered Agent of Record)

\$5.00 Filing Fee

•	mits the following st			CTIMES W. D. T. T.	
1. The r	name of the corporat	ion is <u>Charles</u>	R. HARRIS & ASSU	CIATES M.D., LID.	
			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
A '75. A		T	TINOTE	t to the state of	
2. The S	State or Country of i	ncorporation is	24111013		
3. Nhe r	name and address of	its registered agent	and its registered off	ice as they appear on the recor	ds of
yle	ffice of the Secretary	of State (Before Ch	ange) are:	•	
	Pègistered Agen		R.	COUCH, JR.	•
MAR n		First conse	Middle Name	Last Name	*
MAR 27 16 ary of State	Registered Offic	e 180 % LASAI			r.
المراجعة		Number	Street Suite	Na. (A P.O. Box stone is not acceptable) 60601  County  office shall be (After All Cha  COUCH, JR.  Last Name	
1 DOF Stra	; •	CHICAGO, EL	LINOIS	60601	ا د د
Chan.	?.	City	Zip Code	County	•
4.) They	name and address of	its registered agen	t and its registered	office shall be (After All Cha	nges
/ Hereil	r Keportea);	••	45	•	
	Registered Agent	JAMES	<u> </u>	COUCH, JR.	
*					
ei ja	Registered Office	75 EAST		E, 2ND FLOOR	•
<b>2 2 2 2 2 2 2 2 2 2</b>	Server of the second	Number	~ (	(A P.O. Box slone is not acceptable)	
	•	CHICAGO	60601	COOK	;
-		City	Zip Code	County	
5.The <b>T</b>	ddress of the registe	red office and the	address of the busin	ness office of the registered ag	gent,
as cha	nged, will be identica	l.		$O_{\mathcal{R}_{\bullet}}$	<b>-</b>
5. The al	bove change was auth	orized by: \(\big 'X'' on	e box only)		124
, a. C	By resolution dul	y adopted by the bo	oard of directors.	(Note 5.L	
ь. Г	☐ By action of the	registered agent.		(Note 6)	
If authoria	ed by the board of di	luantom pinn kara (	Can Moto Ch	•	
The u	ndersigned cornorati	ne has caused this	statement to be sion	ed by its duly authorized offic	^pre
ach of who	om affirm, under pen	alties of perjury, the	it the facts stated her	ein are true.	
Tananan		10			
Dated			(E.	zact Name of Corporation)	
درما فرموسیده	Name:	•			ني العيان
ttested by	(Signature of Secretary or	ssistant Secretary)	by	re of President or vice president)	
		••	, -		÷.
	Type or Print Nam.		<del></del>	pe or Print Name and Title)	

## **UNOFFICIAL COPY**

Office Office LE6TST-68-\* U# 9226# T#1111 TRAN 9256 94/66/89 14:52:00 \$75.60