

SEAL OF THE STATE OF ILLINOIS

OFFICE OF THE

SECRETARY OF STATE



Property of Cook County Clerk's Office

Whereas, ARTICLES OF INCORPORATION OF ASSOCIATES IN WOMENS HEALTH CARE, S.C.

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

90187077

Now Therefore, I, Jim Edgar, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois.

at the City of Springfield, this 11th day of April AD 19 90 and of the Independence of the United States the two hundred and 14th

Jim Edgar

SECRETARY OF STATE

JIM EDGAR
Secretary of State
State of Illinois

Submit in Duplicate

Payment must be made by Certified Check, Cashier's Check, Illinois Attorney's Check, Illinois C.P.A.'s Check or Money order, payable to "Secretary of State"

DO NOT SEND CASH!

This Space For Use By
Secretary of State

Date: 4-11-90

License Fee \$ 28.00

Franchise Tax \$ 75.00

Filing Fee \$ 100.00

Clerk

ARTICLES OF INCORPORATION

Pursuant to the provisions of "The Business Corporation Act of 1983", the undersigned incorporator(s) hereby adopt the following Articles of Incorporation.

ARTICLE ONE The name of the corporation is Associates In Womens Health Care, S.C.
(Shall contain the word "corporation", "company", "incorporated",

"limited", or an abbreviation thereof)

ARTICLE TWO The name and address of the initial registered agent and its registered office are:

Registered Agent

Roger B. Mandel
First Name Middle Name Last Name

Registered Office

7250 North Cicero Avenue, Suite 200
Number Street Suite # (A P.O. Box alone is not acceptable)

L. Lincolnwood 60646 Cook
City Zip Code County

ARTICLE THREE The purpose or purposes for which the corporation is organized are:
If not sufficient space to cover this point, add one or more sheets of this size.

MEDICAL CORPORATION: To own, operate and maintain an establishment for the study, diagnosis and treatment of human ailments and injuries, whether physical or mental, and to promote medical, surgical and scientific research and knowledge, provided that the medical or surgical treatment, consultation or advice may be given by employees of the Corporation only if they are licensed pursuant to the Medical Practice Act.

ARTICLE FOUR Paragraph 1: The authorized shares shall be:

Class	*Par Value per share	Number of shares authorized
Common	\$1.00	1,000

Paragraph 2: The preferences, qualifications, limitations, restrictions and the special or relative rights in respect of the shares of each class are:
If not sufficient space to cover this point, add one or more sheets of this size.

ARTICLE FIVE The number of shares to be issued initially, and the consideration to be received by the corporation therefor, are:

Class	*Par Value per share	Number of shares proposed to be issued	Consideration to be received therefor
Common	\$1.00	900	\$ 900.00
			\$
			\$
			\$
TOTAL			\$ 900.00

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* A declaration as to a "par value" is optional. This space may be marked "n/a" when no reference to a par value is desired.

UNOFFICIAL COPY

Form BCA-2.10

File No. _____

ARTICLES OF INCORPORATION
FILED

APR 11 1990
14 18
Illinois Secretary of State

FEE SCHEDULE

The following fees are required to be paid at the time of issuing the Certificate of Incorporation:
FILING FEE \$75.00; INITIAL LICENSE FEE of 1/20th of 1% of the consideration to be received for initial issued shares (See Art. 5); MINIMUM \$5.00; INITIAL FRANCHISE TAX of 1/10 of 1% of the consideration to be received for initial issued shares (see Art. 5); MINIMUM \$25.00.

EXAMPLES OF TOTAL DUE

Consideration to be Received	TOTAL Due*
up to \$1,000	\$100.50
\$ 5,000	\$102.50
\$ 10,000	\$105.00
\$ 25,000	\$112.50
\$ 50,000	\$150.00
\$100,000	\$225.00

*Includes Filing Fee + License Fee + Franchise Tax



Corporation Department
Secretary of State
Springfield, Illinois 62756
Telephone: (217) 782-6961

RETURN TO:

CI1029

440728106

440728106

Secretary.

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its President or Vice-President and verified by him, and attested by its Secretary or an Assistant Secretary. Signatures must be in ink on original document. Carbon copy, xerox or rubber stamp signatures may only be used on conformed copies.

3.

Name (please print)

Signature

2.

Name (please print)

Signature

1.

Signatures and Names

Dated _____, 19 90

Made in the foregoing Articles of Incorporation are true.

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements

NAMES & ADDRESSES OF INCORPORATORS

Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing pre-emptive rights; denying cumulative voting; regulating internal affairs; voting majority requirements; fixing a duration other than perpetual, etc.

ARTICLE EIGHT OTHER PROVISIONS

- (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ _____
- (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
- (c) It is estimated that the gross amount of business which will be transacted by the corporation during the following year will be: \$ _____
- (d) It is estimated that the gross amount of business which will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

ARTICLE SEVEN OPTIONAL

ARTICLE SIX OPTIONAL

The number of directors constituting the initial board of directors of the corporation is _____ and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors be elected and qualify are: _____

Name

Residential Address