

UNOFFICIAL COPY

BCA 5.10/5.20 (Rev. Jul. 1984)  
NFP-105.10/105.20 (Rev. 1986)

GEORGE H. RYAN  
Secretary of State  
State of Illinois

File # 5580-431-1

Submit in Duplicate

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

DO NOT SEND CASH!

STATEMENT OF CHANGE OF REGISTERED AGENT  
AND/OR  
REGISTERED OFFICE

This Space For Use By Secretary of State	
Date	3 11-91
Filing Fee	\$6
Clerk	<i>[Signature]</i>

Pursuant to the provisions of "The Business Corporation Act of 1983", or "The General Not For Profit Corporation Act of 1986", the undersigned corporation hereby submits the following statement.

- The name of the corporation is Lake County Dialysis Services, S.C.
- The State or Country of incorporation is Illinois
- 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:

DEPT-01 RECORDING \$13.29  
TRAN 8044 03/22/91 15:13:00  
#6662 & C \*-91-130418  
COOK COUNTY RECORDER

**FILED**  
MAR 11 1991  
GEORGE H. RYAN  
SECRETARY OF STATE

Registered Agent: Robert E. Mutterper  
First Name Middle Name Last Name

Registered Office: 4811 N. Milwaukee Avenue  
Number Street Suite No. (A P.O. Box alone is not acceptable)

Chicago 60630 Cook  
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: John J. Jiganti  
First Name Middle Name Last Name

Registered Office: 135 S. LaSalle Street Suite 2500  
Number Street Suite No. (A P.O. Box alone is not acceptable)

Chicago 60603 Cook  
City Zip Code County

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

- The above change was authorized by: ("X" one box only)
  - By resolution duly adopted by the board of directors. (Note 5)
  - By action of the registered agent. (Note 6)

(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 12 February, 1991 Lake County Dialysis Services, S.C.  
(Exact Name of Corporation)

attested by Carole J. Shepherd by Melvin K. Roseman  
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)

Carole J. Shepherd Melvin K. Roseman  
(Type or Print Name and Title) (Type or Print Name and Title)

(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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Property of Cook County Clerk's Office



0114

60603  
Chgo. Ill.  
130 S. La Salle  
JERRY COFFMAN

8100110

9100116