



Whereas, ARTICLES OF INCORPORATION OF RUSH MANAGED CARE SYSTEM, INC. 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.

93589593

Now Therefore, I, George H. Ryan, 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 19TH day of JULY A.D. 19 93 and of the Independence of the United States 3589593 the two hundred and 18TH.



George H. Ryan
SECRETARY OF STATE

UNOFFICIAL COPY

Property of Cook County Clerk's Office

93589593

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Form **BCA-2.10** ARTICLES OF INCORPORATION

(Rev. Jan. 1991)

George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62756

FILED

JUL 19 1993

GEORGE H. RYAN
SECRETARY OF STATE

SUBMIT IN DUPLICATE!

This space for use by
Secretary of State

Date 7-19-93

Franchise Tax \$

Filing Fee \$

Approved: =

25-

75

100

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."

1. CORPORATE NAME: Rush Managed Care System, Inc.

(The corporate name must contain the word "corporation", "company", "incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent: James B. Riley, Jr.

Initial Registered Office: 150 North Michigan Avenue 2500

First Name	Middle Initial	Last name
James	B.	Riley, Jr.
Number	Street	Suite #
150	North Michigan Avenue	2500
City	Zip Code	County
Chicago	60601	Cook

3. Purpose or purposes for which the corporation is organized:
(If not sufficient space to cover this point, add one or more sheets of this size.)

The purposes for which this corporation is organized are to engage in any activity within the purposes for which corporations may be organized under the Illinois Business Corporation Act.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
Common	\$ N/A	10,000	100	\$ 100

Paragraph 2: The preferences, qualifications, limitations, restrictions and 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.)

EXPEDITED

JUL 19 1993

SECRETARY OF STATE

(over)

25.00
BMR

93589593

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Illinois Secretary of State
Department of Business Services

Springfield, IL 62756
Telephone (217) 782-9522
782-9523

The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.

The minimum total due (franchise tax + filing fee) is \$100.
(Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$75,000.)

The filing fee is \$75.

state, with a minimum of \$25.

The initial franchise tax is assessed at the rate of 15/100 of 1 percent, (\$1.50 per \$1,000) on the paid-in capital represented in this

RECORDING DESK
BOX 170

FEE SCHEDULE

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 assistant secretary. (Signatures must be in ink on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

(Type or Print Name) _____
City/Town _____ State _____ Zip Code _____

Signature _____
Street _____

3. (Type or Print Name) _____
City/Town _____ State _____ Zip Code _____

Signature _____
Street _____

2. (Type or Print Name) _____
City/Town _____ State _____ Zip Code _____

Signature _____
Street _____

1. (Type or Print Name) _____
City/Town _____ State _____ Zip Code _____

Signature _____
Street _____

Address _____
City/Town _____ State _____ Zip Code _____

150 North Michigan Avenue, Ste. 2500
Chicago, Illinois 60601

1. (Type or Print Name) _____
City/Town _____ State _____ Zip Code _____

Signature _____
Street _____

Address _____
City/Town _____ State _____ Zip Code _____

150 North Michigan Avenue, Ste. 2500
Chicago, Illinois 60601

1. (Type or Print Name) _____
City/Town _____ State _____ Zip Code _____

Signature _____
Street _____

Address _____
City/Town _____ State _____ Zip Code _____

150 North Michigan Avenue, Ste. 2500
Chicago, Illinois 60601

1. (Type or Print Name) _____
City/Town _____ State _____ Zip Code _____

Signature _____
Street _____

Address _____
City/Town _____ State _____ Zip Code _____

150 North Michigan Avenue, Ste. 2500
Chicago, Illinois 60601

1. (Type or Print Name) _____
City/Town _____ State _____ Zip Code _____

Signature _____
Street _____

Dated July 14, 1993

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)

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

7. OPTIONAL: OTHER PROVISIONS

6. OPTIONAL: (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 that will be transacted by the corporation during the following year will be: \$ _____
(d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

5. OPTIONAL: (a) Number of directors constituting the initial board of directors of the corporation: _____
(b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify: _____
Name _____
Residential Address _____

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