

UNOFFICIAL COPY

File Number 5799-153

COOK COUNTY
RECORDER
JESSE W. LEE
MARKHAM OFFICE

STATE OF ILLINOIS



94885819

0004	
RECODIN #	25.00
POSTAGES #	0.50
94885819 #	
SUBTOTAL	25.50
CHECK	25.50

10/07/94

2 PURC CTR
0015 MCW 14108

Whereas,

ARTICLES OF INCORPORATION OF
EDWARDS CHIROPRACTIC CLINIC, PC.

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.

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 20TH
day of SEPTEMBER A.D. 1994 and
of the Independence of the United States
the two hundred and 19TH.

George H. Ryan 2550
SECRETARY OF STATE

UNOFFICIAL COPY

9-88-6819

Form BCA-2.10

ARTICLES OF INCORPORATION

(Rev. Jan. 1981)

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

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".

This space for use by Secretary of State

SUBMIT IN DUPLICATE!**FILED**

SEP 20 1994

GEORGE H. RYAN
SECRETARY OF STATEThis space for use by
Secretary of State

Date 9-20-94

Franchise Tax \$25.00

Filing Fee \$75.00

Approved by \$100.00

1. CORPORATE NAME: EDWARDS CHIROPRACTIC CLINIC, PC.

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

2. Initial Registered Agent: GARTH L. EDWARDS

First Name Middle Initial Last Name

Initial Registered Office: 22111 Governors Highway

Number Street State #

Richton Park IL 60471

City Zip Code

County

MAR 3
TO3. 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.)

PROFESSIONAL CORPORATION: To practice the profession of chiropRACTIC rendering that type of professional service and services ancillary thereto.

PROFESSIONAL service will be rendered from the following address.
22111 Governors Highway
Richton Park, Illinois 60471

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/P	2,000	1,001	\$ 1000.00

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.)

(over)

UNOFFICIAL COPY

- 6. 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 _____

- 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 \$ _____

7. OPTIONAL: OTHER PROVISIONS

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.

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

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

Dated 8/30, 1996.

<u>Signature and Name</u>	
<u>Signature</u>	<u>Garth L. Edwards</u>
(Type or Print Name)	
2. <u>Signature</u>	
(Type or Print Name)	
3. <u>Signature</u>	
(Type or Print Name)	

Address			
Street	City/Town	State	Zip Code
22111 Governors Highway			
Richton Park	IL	60471	
City/Town	State		Zip Code
2. Street			
City/Town	State		Zip Code
3. Street			
City/Town	State		Zip Code

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

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.

FEE SCHEDULE

- 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 state, with a minimum of \$75.
- The filing fee is \$75.
- 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 \$16,607)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.

Illinois Secretary of State
Department of Business Services

Springfield, IL 62746
Telephone (217) 782-9522
782-9523