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BCA 5.10/5.20 (Rev. Jul. 1984)

File # D5326-7769

JIM EDGAR
Secretary of State
State of Illinois

8X

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State".
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STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

95801156

Pursuant to the provisions of "The Business Corporation Act of 1983", the undersigned corporation hereby submits the following statement.

1. The name of the corporation is David L. Fishman, M.D., S.C. 140095 TRAN 11/17/95 15:30:00
95801156 * 95 241156
COOK COUNTY HEADQUARTERS
2. The State or Country of incorporation is Illinois

3. 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:

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GEORGE H. RYAN
SECRETARY OF STATE

Registered Agent	<u>Max</u>	<u>Rittenberg</u>
First Name	<u>Max</u>	<u>Rittenberg</u>
Middle Name		
Last Name		
Registered Office	<u>280 N. LaSalle Street, Suite 2401</u>	
Number	<u>Chicago</u>	<u>60601</u>
Street		
Suite No. (A P.O. Box alone is not acceptable)		
City	<u>Chicago</u>	<u>Cook</u>
Zip Code		
County		

4. The name and address of its registered agent and its registered office shall be (After All Changes Herein Reported):

MAIL ROOM

Registered Agent	<u>Michael D. Cotton</u>	
First Name	<u>Michael</u>	
Middle Name	<u>D.</u>	
Last Name	<u>Cotton</u>	
Registered Office	<u>321 S. Plymouth Court, Suite 1000</u>	
Number	<u>Chicago</u>	<u>60604</u>
Street		
Suite No. (A P.O. Box alone is not acceptable)		
City	<u>Chicago</u>	<u>Cook</u>
Zip Code		
County		

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

6. The above change was authorized by: ("X" one box only)

- a. By resolution duly adopted by the board of directors.
b. By action of the registered agent.

(Note 5) **95801156**
(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 Oct. 27, 19 95 by David L. Fishman, M.D., S.C.
(Exact Name of Corporation)

attested by David L. Fishman by David L. Fishman
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)

David L. Fishman, Secretary David L. Fishman, President
(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)

2350
SB

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