

**STATEMENT OF CHANGE
OF REGISTERED AGENT
AND/OR REGISTERED OFFICE**

96434955

File # 5562-404-16
SUBMIT IN DUPLICATE

(Rev. Jan. 1991)

George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-3847

FILED
JUN 03 1996
GEORGE H. RYAN
SECRETARY OF STATE

This space for use by
Secretary of State
Date 6-3-96
Filing Fee \$5
Approved: [Signature]

- 1. CORPORATE NAME: CAREPLUS MANAGEMENT, INC. DEPT-01 RECORDING \$23.50
788666 TRAM 2461 06/07/96 12127:00
- 2. STATE OR COUNTRY OF INCORPORATION: Illinois COOK COUNTY RECORDER
49600 \$ LM *-96-434955

3. Name and address of the registered agent and registered office as they appear on the records of the office of the Secretary of State (before change):

Registered Agent	<u>Meyer</u>			<u>Magence</u>
	First Name	Middle Name		Last Name
Registered Office	<u>100</u>	<u>North LaSalle</u>		<u>Suite 1710</u>
	Number	Street	Suite No. (A P.O. Box alone is not acceptable)	
	<u>Chicago</u>	<u>60602</u>	<u>Cook</u>	
	City	Zip Code	County	

4. Name and address of the registered agent and registered office shall be (after all changes herein reported):

Registered Agent	<u>Meyer</u>			<u>Magence</u>
	First Name	Middle Name		Last Name
Registered Office	<u>5940</u>	<u>West Touhy</u>		<u>Suite 350</u>
	Number	Street	Suite No. (A P.O. Box alone is not acceptable)	
	<u>Niles</u>	<u>60643</u>	<u>Cook</u>	
	City	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. (Note 5)
 - b. By action of the registered agent. (Note 6)

NOTE: When the registered agent changes, the signatures of both president and secretary are required.

7. (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 affirms, under penalties of perjury, that the facts stated herein are true.

Dated _____ 19, _____
(Exact Name of Corporation)

attested by _____ by _____
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice 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 May 28 1996 [Signature]

UNOFFICIAL COPY

2025.10.21

Property of Cook County Clerk's Office

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