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96147461

File DSS66-9147

Form **BCA-5.10**  
**NFP-105.10**

(Rev. Jan. 1995)

DEPT-01 RECORDING \$23.50  
T40008 TRAN 1552 02/27/96 14:51:00  
39871 DR \*96-147461  
COOK COUNTY RECORDER

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

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

# FILED

JAN 04 1996

GEORGE H. RYAN  
SECRETARY OF STATE

This space for use by  
Secretary of State

Date 1-4-96

Filing Fee \$5

Approved: [Signature]

Remit payment in check or money order,  
payable to "Secretary of State."

96147461

1. CORPORATE NAME: ST. BERNARD HOSPITAL PHYSICIANS PROVIDER ORGANIZATION

2. STATE OR COUNTRY OF INCORPORATION: ILLINOIS

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>HENRY</u>	<u>WIGGINS</u>
	First Name	Last Name
Registered Office	<u>326 W 64TH STREET</u>	
	Number	Street
	<u>CHICAGO,</u>	<u>IL 60621</u>
	City	Zip Code
		<u>COOK</u>
		County

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

Registered Agent	<u>RAJ</u>	<u>KHURANA, M.D.</u>
	First Name	Last Name
Registered Office	<u>326 WEST 64TH STREET</u>	
	Number	Street
	<u>CHICAGO,</u>	<u>60621</u>
	City	Zip Code
		<u>COOK</u>
		County



23.50  
for

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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 OCT. 10 1995 St. Bernard Hospital Physicians Provider  
(Exact Name of Corporation) Organization

attested by Raj Khurana by HANNA  
(Signature of Secretary or Assistant Secretary) (Signature of Vice President)

RAJ KHURANA M.D. / SEC. / TREAS.  
(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 OCT 10 1995 Raj Khurana  
(Signature of Registered Agent of Record)

## NOTES

1. The registered office may, but need not be the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
2. The registered office must include a street or road address; a post office box number alone is not acceptable.
3. A corporation cannot act as its own registered agent.
4. If the registered office is changed from one county to another, then the corporation must file with the recorder of deeds of the new county a certified copy of the articles of incorporation and a certified copy of the statement of change of registered office. Such certified copies may be obtained ONLY from the Secretary of State.
5. Any change of registered agent must be by resolution adopted by the board of directors. This statement must then be signed by the president (or vice-president) and by the secretary (or an assistant secretary).
6. The registered agent may report a change of the registered office of the corporation for which he or she is registered agent. When the agent reports such a change, this statement must be signed by the registered agent.