## **UNOFFICIAL COPY**

File # 5716-700-9

PomBCA-5.10 NFP-105.10

(Rev. April 1995)

George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-3647

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE DEPT-01 RECORDING

\$23.50

. F#7777 TRAN 7230 02/13/97 10:36:00

#0212 + BJ #-97-102397

COOK COUNTY RECORDER

Sunday of 199

CALL TO THE RYAN OF SENTE

Type Suprembert 10

reverse state for signatur

97102397

This space for use by Secretary of State

Date

Filing Fee SE

Approved:

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

37102097

FIER RECURDING RETURN TO:

County

Emergency Medicine CCH, Inc. CORPORATE NAME: VITARN SHOR GOULD & RATNER Illinois STATE OR COUNTRY OF INCORPORATION: Name and address of the registered agent and registered office as they appear on the lands of the office 3. of the Secretary of State (before change): Robert Registered Agent Middle Name First Name Last Name 1900 W. Polk, 10th Floor Registered Office Number Street Suite No. (A P.O. Box alone is not acceptable) Chicago 60612 Cook City Zip Code County Name and address of the registered agent and registered office shall be (after all changes herein reported): Edward Trio Registered Agent First Name Last Name Middle Name 222 N. LaSalle Street, Suite 800 Registered Office Number Suite No. (A P.O. Box alone is not acceptable) Street Chicago 10000 Cook

Zip Code

City

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| <b>5</b> .                 | The address of the registered office and the address will be identical.   | ss of the business office of the registered agent, as changed,   |
|----------------------------|---|--|
| 6.                         | The above change was authorized by: ("X" one I a. X By resolution duly adopted by the board ob. D By action of the registered agent.                    | • •  |
| 7.<br>who<br>Date<br>attes | (If authorized by the board of directors, sign here The undersigned corporation has caused this state affirms, under penalty of perjury, that the facts | tement to be signed by its duly authorized officers, each of a stated herein are true.  Emergency Medicine CCH, Inc.  (Signature of President or Vice President)  Robert R. Simon, President  (Type or Print Name and Title) |
| Date                       | d 19,   | (Si gnature of Registered Agent of Record)   |

## **NOTES**

- 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 along 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.

7102:3