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FIIO# N 5100- 157-5

Porm BCA-5.10 NFP-105.10

(Flov. Ap.# 1995)

George H. Ryan
Secretary of State
Department of Business Scrittes
Springfield, IL 62756
Telephone (217) 782-3647
http://www.sos.siate.il.us

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

FILED

OEC 12 1997

GEORGE H. RYAN SECRETARY OF STATE

SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date

5.5

Filing Foo Approved:

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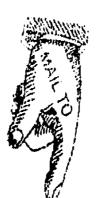
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Type or preit in black tok only See reverse side for signatur (8)

118

1.	CORPORATE NAME:	Clarotin	n Medical	Center of South Ch	lengo, Inc.
2.	STATE OR COUNTRY OF	NCORPOR	RATION:	lllinois	1993 sam kanang mel (1995 Safe panuman ang melangkan melangkan panuman ang kanan si si si
of the Sec	of the Secretary of State (before chang	ie):	sterod office as they a	ppear on the records of the office Lopez
	Registered Agent -	First Name	91st Stro	Middle Name et	Lasi Namo
	Registered Office -	Number Chicago	Stroot	بغشمان الأفاصية وجبريا سنجب ويوسيهم الأدرساء وجريسها وير	Box alone is not acceptable) Cook
	· · · · · · · · · · · · · · · · · · ·	City		ZIP Code	County
4.	Name and address of the r	registered ag	ent and regi	stered office shall be (a	after all changes herein reported):
	Registered Agent -	Ramona First Name		Middle Name	Lopez Last Namo
7	Registered Office .	9119 S. Number	Exchange A Street		Box alone is not acceptable)
	, TO , T	Chicago		60617	Cook
11	some light first .	City		ZIP Code	County (1

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DELINQUENT SALE TWO YEAR

68378

County Clerk of Cook County Illinois PAVID D. ORR Dir Clark's Office

Balin, SMith & Sesocs., Ltd 100 N. LaSale Suite 1111 Chicago, It 50602 (312) 3/5-1111 Firm \$30179 Mail To: Timothy Balin This instrument was prepared by and

Page 1 of 5402/0011 18 001 1998-01-23 09:30:50

Cook County Recorder

File # N 5/00- 157-5

*ONCHONING

Form BCA-5.10 NFP-105.10

(Rev. April 1995)

George H, Ryan Secretary of State Department of Business Selvices Springfield, IL 62756 Telephone (217) 782-3647 http://www.sos.state.ll.us

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

MAIL

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UEC 12 1997

GEORGE H. RYAN SECRETARY OF STATE

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This space for use by Secretary of State 12-17-97

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Type or print in black ink ofly See reverse side for signiture(s)

118

1.	CORPORATE NAME: —	Clarecia	Medical	Center of South Chic	ago, Inc.
2.	STATE OR COUNTRY O	0,			
3.	of the Secretary of State (istered office as they app	pear on the records of the office Lopez	
•	Registered Agent -	First Namo 2945 E.	91st Stre	Middio Namo	Last Namo
		Numbar	Stroot	Sulto No. (A P.O. B	ox alone is not acceptable)
		Chicago		60617	Cook
	·	City		ZIP Code	County
4.	Name and address of the	realstered ac	ent and regi	stered office shall be <i>(af</i>	er all changes herein reported):

Registered Agent	Ramona		Lopez
Registored Agent	First Namo	Middlo Namo	Last Namo
-Registered Office	9119 S.	Exchange Avenue	<u> </u>
7	Number	Strout Suite No. (A P.O	. Box alone is not acceptable)
	Chiengo	60617	Cook
}	City	ZIP Code	County

UNOFFICIAL COPY059348 Fage 2 of 2

5.	The address of the registered office and the address will be identical.	ess of the business office of the registered agent, as changed,				
6.	The above change was authorized by: ("X" one	box only)				
	a. By resolution duly adopted by the board					
	b. X By action of the registered agent.	(Note 6)				
•	ar in together the transfer ago, in	(1 vote 0)				
NO	TE: When the registered agent changes, the sig	riatures of both president and secretary are required.				
7.	(If authorized by the board of directors, sign he					
7.	The undersigned corneration has caused this st	atement to be signed by its duly authorized officers, each of				
who	om affirms, under penalties of perjury, that the fac	its stated herein are true.				
	4	•				
Dat	ed19,					
aHa	sted by	(Exact Name of Corporation)-				
a::0	(Signature of Secretary or Assistant Secretary	by				
	(Type or Print Name and Title)	(Type or Print Name and Title)				
	(1) po en internación and internación	(Typo of Thin Waine and Thia)				
(If c	hange of registered office by registered agent, si	gn Kern. See Note 6)				
	The undersigned, under penalties of perjury, aff	irms that the facts stated herein are true.				
Date	od <u>September 5</u> 19, 97	Beriowa Sport				
-		Signatura of Profile of Agent of Record)				
Dat	ed october 30, 19,97	Brown 5. Lunio				
		Chairman, Board of Directors				
	h	IOTES				
1,	The registered office may, but need not be the s registered office and the office address of the re	ame as the principal office of the corporation. However, the gistered 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.		ution adopted by the board of directors. This statement must nt) and by the secretary (or an assistant secretary).				

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.

6.