

File # N 1319 / 2006

Form BCA-5.10
NFP-105.10
(Rev. April 1995)

George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62755
Telephone (217) 782-3647
http://www.sos.state.il.us

STATEMENT OF
CHANGE
OF REGISTERED AGENT
AND/OR REGISTERED
OFFICE

FILED
MAR 12 1998
GEORGE H. RYAN
SECRETARY OF STATE

SUBMIT IN DUPLICATE

This space for use by
Secretary of State

Date 3-12-98

Filing Fee \$5

Approved

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

Type or print in black ink only
See reverse side for signature

- CORPORATE NAME: ILLINOIS PODIATRIC MEDICAL ASSOCIATION
- STATE OR COUNTRY OF INCORPORATION: ILLINOIS
- 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 CHRISTINE C. EME

First Name	Middle Name	Last Name
CHRISTINE	C.	EME

Registered Office 53 WEST JACKSON BLVD. SUITE 409

Number	Street	Suite No. (A P.O. Box alone is not acceptable)	City	ZIP Code	County
53	WEST JACKSON BLVD.	SUITE 409	CHICAGO,	60604-3608	COOK

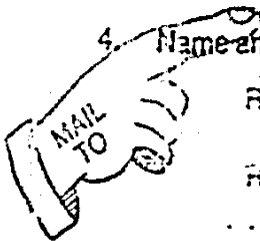
- Name and address of the registered agent and registered office shall be (after all changes herein reported)

Registered Agent MARY S. FEELEY

First Name	Middle Name	Last Name
MARY	S.	FEELEY

Registered Office 53 WEST JACKSON BLVD. SUITE 1103

Number	Street	Suite No. (A P.O. Box alone is not acceptable)	City	ZIP Code	County
53	WEST JACKSON BLVD.	SUITE 1103	CHICAGO	60604-3608	COOK



UNOFFICIAL COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY

98336023

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 12/17/97 1997 ILLINOIS SCIENTIFIC MEDICAL ASSN.
(Exact Name of Corporation)

attested by [Signature] by [Signature]
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)

MATTHEW G. CARONEALIS, PRESIDENT FRANK CONTESSO, DVM, SECRETARY
(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 12/17 1997 [Signature]
(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 records 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 the registered agent. When the agent reports such a change, this statement must be signed by the registered agent.

UNOFFICIAL COPY

Property of Cook County Clerk's Office