

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rehabilitation Institute of Chicago, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Nancy E. Paridy, Senior Vice President, Chief Administrative Officer
Name of Person

Rehabilitation Institute of Chicago
Firm/Company

345 East Superior Street
Address

Chicago, Illinois 60611
City/State and Zip Code

nparidy@ric.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy E. Paridy at (312) 238-6208
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Rehabilitation Institute of Chicago, Inc.
 (Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. _____
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/05/1951 5. _____
 (Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 345 East Superior Street, Chicago, Illinois 60611
 (Principal office address)

Same as above
 (Current mailing address, if different)

8. Physical medicine and rehabilitation care and research
 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
 (City) (Zip Code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Nicole Chauinard

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: PLEASE SEE ATTACHED LIST _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Joanne C. Smith, MD _____

Address: 345 East Superior Street, Chicago, IL 60611 _____

Vice President: _____

Address: _____

Secretary: Nancy E. Paridy _____

Address: 345 East Superior Street, Chicago, IL 60611 _____

Treasurer: Edward B. Case _____

Address: 345 East Superior Street, Chicago, IL 60611 _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Nancy E. Paridy
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Nancy E. Paridy, Corporate Secretary
(Typed or printed name and capacity of person signing application)

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3272-594-5



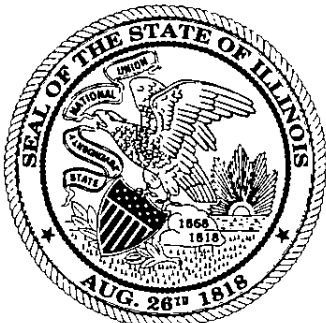
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 TAMMASEE, FLORIDA

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

REHABILITATION INSTITUTE OF CHICAGO, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 05, 1951, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of SEPTEMBER A.D. 2016 .



Jesse White

SECRETARY OF STATE