

F21000004223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

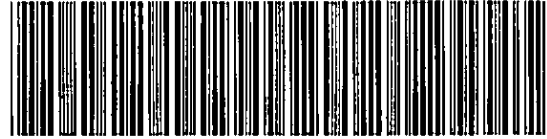
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
21 JUL 21 PM 2:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

7/27/21
7/27/21

69686

April 21, 2021

VIA U.S. MAIL

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Registration as Foreign Not-For-Profit

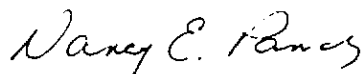
To Whom it May Concern:

Enclosed please find all required materials for Rehabilitation Institute of Chicago, Inc.'s application to do business in Florida as a Foreign Not-For-Profit.

Please note that, in December 2020, we intended to register to do business as a foreign corporation, but erroneously registered in Florida as a Domestic Corporation. We were assigned Florida Document Number N20000013763, at which point we began doing business in Florida. We realized our error after the 30-day correction window; therefore, we are separately withdrawing that registration.

We respectfully request that any penalties associated with having done business in Florida under the incorrect registration be waived. If you have any questions, please contact me at 312-238-6208 or by e-mail at nparidy@sralab.org.

Sincerely,



Nancy E. Paridy
Senior Vice President, Chief Administrative Officer

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rehabilitation Institute of Chicago (NFP Corporation)
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

355 E. Erie Street

Address

Chicago, IL 60611

City/State and Zip Code

nparidy@srilab.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy E. Paridy

Name of Person

at (312)

Area Code

238-6208

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2021

NANCY E PARIDY
355 E ERIE ST
CHICAGO, IL 60611

SUBJECT: REHABILITATION INSTITUTE OF CHICAGO (NFP
CORPORATION)
Ref. Number: W21000069686

We have received your document for REHABILITATION INSTITUTE OF CHICAGO (NFP CORPORATION) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name on the document and the name on the certificate must be the same.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 321A00010468

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
(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.)
Rehabilitation Institute of Chicago, Inc.
(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. December 22, 2020
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 355 E. Erie Street, Chicago, Illinois 60611
(Principal office street address)
- Same as above
(Current mailing address, if different)

8. Physical medicine and rehabilitation care and research
(Purposes) 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 #250
- Plantation, Florida 33324
(City) (Zip Code)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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.

Nichol McCroy Nichol McCroy, Assistant Secretary
(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.

RII/RIC FY2021 Officers and Board of Directors

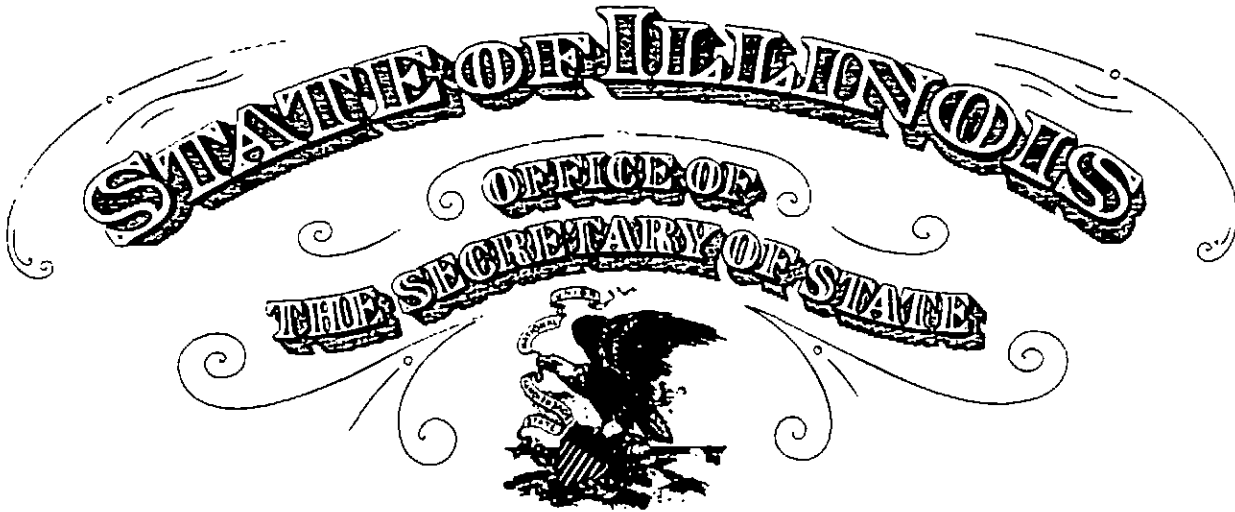
Address for all Officers & Directors:

Shirley Ryan AbilityLab
355 East Erie Street
Chicago, Illinois 60611

<u>RII Officers</u>	
M. Jude Reyes	Chair
Daniel D. Dolan, Jr.	Vice-Chair
Michael P. Krasny	Vice-Chair
Thomas A. Reynolds, III	Vice-Chair
Joanne C. Smith, MD	President
Jonathan Tingstad	Treasurer
Nancy Paridy	Secretary
<u>Board of Directors</u>	
Wayne R. Andersen	
William J. Cernugel	
Robert O. Delaney, Jr.	
Daniel D. Dolan, Jr.	
Christopher L. Gust	
Michael L. Keiser	
Michael P. Krasny	
James H. Litinsky	
William E. Lowry, Jr.	
Richard B. Murphy	
M. Jude Reyes	
Thomas A. Reynolds, III	
Sheli Z. Rosenberg	
Shirley W. Ryan	
Joanne C. Smith, MD	
Mark F. Stephan	
Dan K. Webb	
Linda S. Wolf	

File Number

3272-594-5



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 24TH
day of MARCH A.D. 2021 .

Jesse White

SECRETARY OF STATE