
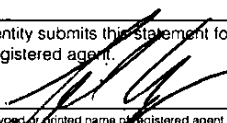
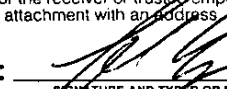


FILED
Jan 22, 2007 8:00 am
Secretary of State

9000000000

DOCUMENT # F99000000619						01-22-2007 90079 003 ***150.00	
1. Entity Name LILLIBRIDGE HEALTHCARE SERVICES, INC.							
Principal Place of Business 222 N LASALLE ST STE 410 CHICAGO, IL 60604				Mailing Address 222 N LASALLE ST STE 410 CHICAGO, IL 60604			
2. Principal Place of Business - No P.O. Box # 200 W. MADISON ST.				3. Mailing Address 200 W. MADISON ST.			
Suite, Apt. #, etc. 3200				Suite, Apt. #, etc. 3200			
City & State CHICAGO IL				City & State CHICAGO IL			
Zip 60606		Country USA		Zip 60606		Country USA	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE: 1/15/07	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP				
	PD	LILLIBRIDGE, TODD	222 N LASALLE, SUITE 410 CHICAGO, IL 606011012	<input type="checkbox"/> Delete			
	VD	SCARBOROUGH, SYDNEY	222 N LASALLE, SUITE 410 CHICAGO, IL 606011012	<input type="checkbox"/> Delete			
	V	.GERAGHTY, KEVIN	222 N LASALLE, SUITE 410 CHICAGO, IL 606011012	<input type="checkbox"/> Delete			
	TDS	KURZYDYM, JOSEPH	222 N LASALLE, SUITE 410 CHICAGO, IL 606011012	<input type="checkbox"/> Delete			
	V	CZERNIAK, THOMAS	222 N LASALLE, SUITE 410 CHICAGO, IL 606011012	<input type="checkbox"/> Delete			
	V	MCHUGH, MARIA M	222 N. LASALLE, STE 410 CHICAGO, IL 606011012	<input type="checkbox"/> Delete			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP				
		200 W. MADISON #3200	CHICAGO, IL 60606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		200 W. MADISON #3200	CHICAGO, IL 60606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		200 W. MADISON #3200	CHICAGO, IL 60606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		200 W. MADISON #3200	CHICAGO, IL 60606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		200 W. MADISON #3200	CHICAGO, IL 60606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 1/15/07 Time: 3:24 PM EST			