

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000000619

1. Entity Name  
LILLIBRIDGE HEALTHCARE SERVICES, INC.



Principal Place of Business

200 W MADISON ST  
3200  
CHICAGO, IL 60606

Mailing Address

200 W MADISON ST  
3200  
CHICAGO, IL 60606



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
36-4273203

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LILLIBRIDGE, TODD
STREET ADDRESS	200 W MADISON 3200
CITY - ST - ZIP	CHICAGO, IL 60606
TITLE	VD
NAME	SCARBOROUGH, SYDNEY
STREET ADDRESS	200 W MADISON 3200
CITY - ST - ZIP	CHICAGO, IL 60606
TITLE	V
NAME	GERAGHTY, KEVIN
STREET ADDRESS	200 W MADISON 3200
CITY - ST - ZIP	CHICAGO, IL 60606
TITLE	TDS
NAME	KURZYDYM, JOSEPH
STREET ADDRESS	200 W MADISON 3200
CITY - ST - ZIP	CHICAGO, IL 60606
TITLE	V
NAME	CZERNIAK, THOMAS
STREET ADDRESS	200 W MADISON 3200
CITY - ST - ZIP	CHICAGO, IL 60606
TITLE	V
NAME	MCHUGH, MARIA M
STREET ADDRESS	200 W MADISON 3200
CITY - ST - ZIP	CHICAGO, IL 60606

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01/23/08 80041022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/08

312 408 1370