

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000620

1. Entity Name

LILLIBRIDGE HEALTHCARE MANAGEMENT, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90023 019 ***150.00

Principal Place of Business

Mailing Address

343 SOUTH DEARBORN STREET
STE 200
CHICAGO IL 60604

343 SOUTH DEARBORN STREET
STE 200
CHICAGO IL 60604-3806

904182



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

222 N. LASALLE ST.

3. Mailing Address

222 N. LASALLE ST.

Suite, Apt. #, etc.

410

Suite, Apt. #, etc.

410

City & State

CHICAGO IL

City & State

CHICAGO IL

4. FEI Number

36-4198131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LILLIBRIDGE, TODD
STREET ADDRESS 343 SOUTH DEARBORN STREET, STE 200
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SCARBOROUGH, SYDNEY
STREET ADDRESS 343 SOUTH DEARBORN STREET, STE 200
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME GRIES, GARY
STREET ADDRESS 343 SOUTH DEARBORN STREET, STE 200
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME KURZYDYM, JOSEPH
STREET ADDRESS 343 SOUTH DEARBORN STREET, STE 200
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME CZERNIAK, THOMAS
STREET ADDRESS 343 SOUTH DEARBORN STREET, STE 200
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH KURZYDYM

Date

Daytime Phone #

1/11/00 (312) 408-1570

CR2E034 (9/99)