

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000000620**

1. Entity Name

**LILLIBRIDGE HEALTHCARE MANAGEMENT, INC.****FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90030 045 \*\*\*150.00

0667300

Principal Place of Business	Mailing Address
222 N LASALLE ST # 410 CHICAGO IL 60601	222 N LASALLE ST # 401 CHICAGO IL 60601

**A0006906**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>36-4198131</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> 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, 2001 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	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LILLIBRIDGE, TODD			NAME	LILLIBRIDGE, TODD		
STREET ADDRESS	343 SOUTH DEARBORN STREET, STE 200			STREET ADDRESS	222 NORTH LASALLE STREET, STE 410		
CITY-ST-ZIP	CHICAGO IL			CITY-ST-ZIP	CHICAGO. IL 60601		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCARBOROUGH, SYDNEY			NAME	SCARBOROUGH, SYDNEY		
STREET ADDRESS	343 SOUTH DEARBORN STREET, STE 200			STREET ADDRESS	222 NORTH LASALLE STREET, STE 410		
CITY-ST-ZIP	CHICAGO IL			CITY-ST-ZIP	CHICAGO. IL 60601		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIES, GARY			NAME	GRIES, GARY		
STREET ADDRESS	343 SOUTH DEARBORN STREET, STE 200			STREET ADDRESS	222 NORTH LASALLE STREET, STE 410		
CITY-ST-ZIP	CHICAGO IL			CITY-ST-ZIP	CHICAGO. IL 60601		
TITLE	T	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KURZYDYM, JOSEPH			NAME	KURZYDYM, JOSEPH		
STREET ADDRESS	343 SOUTH DEARBORN STREET, STE 200			STREET ADDRESS	222 NORTH LASALLE STREET, STE 410		
CITY-ST-ZIP	CHICAGO IL			CITY-ST-ZIP	CHICAGO. IL 60601		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CZERNIAK, THOMAS			NAME	CZERNIAK, THOMAS		
STREET ADDRESS	343 SOUTH DEARBORN STREET, STE 200			STREET ADDRESS	222 NORTH LASALLE STREET, STE 410		
CITY-ST-ZIP	CHICAGO IL			CITY-ST-ZIP	CHICAGO. IL 60601		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 authority empowered.

SIGNATURE: *Joseph Kurzydym*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH KURZYDYM**

Date

4/3/01

Daytime Phone #

(312) 408-1370

CR2E034 (10/00)