

2001 UNIFORM BUSINESS REPORT (UBR)

002748 AF

DOCUMENT # M00000000312

1. Entity Name

ACCELERATED HEALTH SYSTEMS, LLC

FILED

01 FEB 23 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

205 WEST WACKER DR., STE. 1950
CHICAGO IL 60606

Mailing Address

205 WEST WACKER DR., STE. 1950
CHICAGO IL 60606

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

180 North LaSalle Street

Suite, Apt. #, etc.

Suite 2210

City & State
Chicago, Illinois

Zip
60601

Country
U.S.A.

4. FEI Number

36-4280414

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

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.

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 \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP

Managing Member
Randolph P. Frieser
205 West Wacker Drive, Suite 1950
Chicago, Illinois 60606

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP

Managing Member
Brian Savage
205 West Wacker Drive, Suite 1950
Chicago, Illinois 60606

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

9000003782619--6

-02/27/01--01080--001

*****55.00 *****55.00

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

312-640-0329
Randolph P. Frieser, Managing Member

Date

Daytime Phone #

CR2E083 (11/00)