

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90006 001 ****55.00

DOCUMENT # M00000000312

1. Entity Name

ACCELERATED HEALTH SYSTEMS, LLC



Principal Place of Business

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

Mailing Address

**180 NORTH LASALLE ST.
SUITE 2210
CHICAGO IL 60601**

2. Principal Place of Business

205 West Wacker Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 820

City & State
Chicago, Illinois

City & State

Zip **60606**

Country **U.S.A.**

Zip

Country

4. FEI Number **36-4280414**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **FRIESER, RANDOLPH**
STREET ADDRESS **205 WEST WACKER DR., SUITE 1950**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☒ Change ☐ Addition
NAME **Suite 820**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **SAVAGE, BRIAN**
STREET ADDRESS **205 WEST WACKER DR., SUITE 1950**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☒ Change ☐ Addition
NAME **Suite 820**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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 REQUIRED

Randolph Frieser, President

312-640-0329

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

Date

Daytime Phone #

CR2E083 (10/02)