

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000573

FILED
Jun 29, 2006
Secretary of State

Entity Name: EMERGENCY MEDICINE/STROGER COOK COUNTY, INC.

Current Principal Place of Business:

1900 W, POLK
ROOM 1035
CHICAGO, IL 60612

New Principal Place of Business:

Current Mailing Address:

1900 W, POLK
ROOM 1035
CHICAGO, IL 60612

New Mailing Address:

FEI Number: 68-0588634 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KADOUA, BRUCE
2575 ULMERTON ROAD
SUITE 350
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

KADOURA, BRUCE
1000 118TH AVENUE NORTH
SUITE 1002
ST. PETERSBURG, FL 33716 US

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: BRUCE KADOURA

06/29/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SCHAIER, JEFFREY J MD
Address: 1900 W. POLK, ROOM 1035
City-St-Zip: CHICAGO, IL 60612

Title: SEC () Delete
Name: TAYLOR, MISHALLE
Address: 1900 W. POLK, ROOM 1035
City-St-Zip: CHICAGO, IL 60612

Title: TREA () Delete
Name: LEVINE, DAVID
Address: 1900 W. POLK, ROOM 1035
City-St-Zip: CHICAGO, IL 60612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY J. SCHAIER

PRES

06/29/2006

Electronic Signature of Signing Officer or Director

Date