

**ARTICLES OF INCORPORATION**

Medical Corporation

Secretary of State  
Department of Business Services  
501 S. Second St., Rm. 350  
Springfield, IL 62756  
217-782-9522  
www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to Secretary of State.

**See Note 1 on reverse to determine fees.**

**Filing Fee: \$150** Franchise Tax \$ \_\_\_\_\_ Total \$ \_\_\_\_\_ File # \_\_\_\_\_ Approved: \_\_\_\_\_

----- **Submit in duplicate** ----- **Type or Print clearly in black ink** ----- **Do not write above this line** -----

1. Corporate Name: \_\_\_\_\_

Must end with one of the following words or abbreviations: "Chartered," "Limited," "Ltd," "Service Corporation" or "S.C."

2. Initial Registered Agent: \_\_\_\_\_  
First Name Middle Name Last Name

Initial Registered Office: \_\_\_\_\_  
Number Street Suite # (P.O. Box alone is unacceptable)  
City ZIP Code County

3. Purpose(s) for which the corporation is organized:

**Medical Corporation:** To own, operate and maintain an establishment for the study, diagnosis and treatment of human ailments and injuries, whether physical or mental, and to promote medical, surgical and scientific research and knowledge; provided that medical or surgical treatment, advice or consultation will be given by employees of the corporation only if they are licensed pursuant to the Medical Practice Act.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefore
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			TOTAL = \$ _____

Paragraph 2: The preferences, qualification, limitations, restrictions and special or relative rights in respect of the shares of each class are:

**For more space, attach additional sheets of this size.**

**5. OPTIONAL:**

- a. Number of directors constituting the initial board of directors of the Corporation: \_\_\_\_\_
- b. Names and addresses of persons who will serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Address	City, State, ZIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

**6. OPTIONAL:**

- a. Estimated value of all property to be owned by the Corporation for the following year wherever located: \$ \_\_\_\_\_
- b. Estimated value of the property to be located within the State of Illinois during the following year: \$ \_\_\_\_\_
- c. Estimated gross amount of business that will be transacted by the corporation during the following year: \$ \_\_\_\_\_
- d. Estimated gross amount of business that will be transacted from places of business in the State of Illinois during the following year: \$ \_\_\_\_\_

**7. OPTIONAL: OTHER PROVISIONS**

Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.).

**8. NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true and correct.

Dated \_\_\_\_\_, \_\_\_\_\_  
Month & Day Year

Signature and Name	Address
1. _____ <small>Signature</small> _____ <small>Name (type or print)</small>	1. _____ <small>Street</small> _____ <small>City/Town State ZIP Code</small>
2. _____ <small>Signature</small> _____ <small>Name (type or print)</small>	2. _____ <small>Street</small> _____ <small>City/Town State ZIP Code</small>
3. _____ <small>Signature</small> _____ <small>Name (type or print)</small>	3. _____ <small>Street</small> _____ <small>City/Town State ZIP Code</small>

Signatures must be in **BLACK INK** on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies. **NOTE: The incorporator must be either one or more persons licensed pursuant to the Medical Practice Act or an Illinois attorney.**

**Note 1: Fee Schedule**

The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this State. (Minimum initial franchise tax is \$25.)

The filing fee is \$150

The **minimum total due** (franchise tax + filing fee) is \$175.

**Note 2: Return to:**

\_\_\_\_\_ Firm name  
 \_\_\_\_\_ Attention  
 \_\_\_\_\_ Mailing Address  
 \_\_\_\_\_ City, State, ZIP Code