

BARRINGTON PAIN AND SPINE INSTITUTE

600 Hart Road
Suite 300
Barrington, Illinois 60010

November 7, 2012

RECEIVED

NOV 09 2012

HEALTH FACILITIES &
SERVICES REVIEW BOARD

VIA FEDERAL EXPRESS

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St.
2nd Floor
Springfield, IL 62761

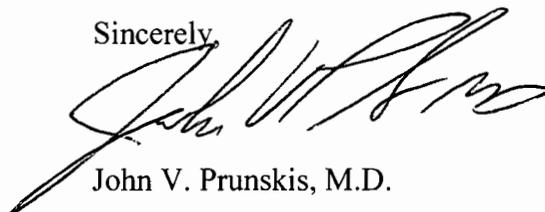
Re: Change of Legal Name
Hart Road Pain and Spine Institute
Barrington, IL
Project #11-014

Dear Ms. Avery:

I am writing to you on behalf of Hart Road Pain and Spine Institute ("Hart Road"). Pursuant to Section 1130.240(g) of the Illinois Health Facilities and Services Review Board ("IHFSRB") administrative rules, Hart Road hereby notifies you that Hart Road has changed its legal name from Hart Road Center for Pain Management, L.L.C. to Barrington Pain and Spine Institute, L.L.C. Enclosed with this letter is the documentation of the change of Hart Road's legal name.

Please contact me at (847) 810-2000 if you have any questions regarding this change.

Sincerely,



John V. Prunskis, M.D.

Enclosures

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RECEIVED

BY:.....

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

0329090-5

10/09/2012

JOHN V PRUNSKIS, M.D.
431 SUMMIT ST
ELGIN, IL 60120-0000

RE BARRINGTON PAIN AND SPINE INSTITUTE, L.L.C.

DEAR SIR OR MADAM:

APPLICATION FOR AMENDMENT HAS BEEN PLACED ON FILE, AND THE LIMITED LIABILITY COMPANY CREDITED WITH THE REQUIRED FILING FEE.

SINCERELY YOURS,

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY DIVISION
(217) 524-8008

Form **LLC-5.25**
 May 2012

Secretary of State
 Department of Business Services
 Limited Liability Division
 501 S. Second St., Rm. 351
 Springfield, IL 62756
 217-524-8008
 www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
 Limited Liability Company Act
Articles of Amendment



LC0874712

This space for use by Secretary of State.

Filing Fee: \$150

Approved: 

FILE # 03290905

This space for use by Secretary of State.

Filed 10/05/2012

Jesse White

Secretary of State

1. Limited Liability Company Name: Hart Road Center for Pain Management, L.L.C.

2. Articles of Amendment effective on:
 the file date
 a later date (not to exceed 30 days after the file date) _____
 Month, Day, Year

3. Articles of organization are amended as follows (check applicable item(s) below):

- a) Admission of a new member (give name and address below)*
- b) Admission of a new manager (give name and address below)*
- c) Withdrawal of a member (give name below)*
- d) Withdrawal of a manager (give name below)*
- e) Change in address of the office at which the records required by Section 1-40 of the Act are kept (give new address, a P.O. Box alone or C/O is unacceptable.)
- f) Change of registered agent and/or registered agent's office (give new name and/or address below, Address change to P.O. box alone or c/o is unacceptable.)
- g) Change in the Limited Liability Company's name (give new name below)
- h) Change in date of dissolution or other events of dissolution enumerated in Item 6 of the Articles of Organization
- i) Other (give information in space below)
- j) Establish authority to issue series (see back filing fee \$400)*

* Changes in members/managers may, but are not required to be reported in an amendment to the Articles of Organization.

Additional information:

New Name of LLC (as changed): Barrington Pain and Spine Institute, L.L.C.

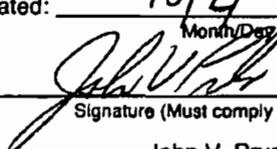
(continued on back)

GS
mm

LLC-5.25

4. The amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act, and, if adopted by the managers, was approved by not less than the minimum number of managers necessary to approve the amendment, member action not being required; or, if adopted by the members, was approved by not less than the minimum number of members necessary to approve the amendment.
5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated: 10/24 2012
Month/Day Year


Signature (Must comply with Section 5-45 of ILLCA.)

John V. Prunskis, Manager
Name and Title (type or print)

If the member or manager signing this document is a company or other entity, state Name of Company and whether it is a member or manager of the LLC.

• The following paragraph is adopted when Item 3j is checked:

The operating agreement provides for the establishment of one or more series. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations or expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.

Form **LLC-1.20**

Illinois
Limited Liability Company Act
Application to Adopt an Assumed Name

FILE # 3290905

Secretary of State Jesse White
Department of Business Services
Limited Liability Division
Room 351 Howlett Building
501 S. Second St.
Springfield, IL 62756
www.cyberdriveillinois.com

Filing Fee: 90.00
Approved: REH

FILED
Oct 05, 2012
Jesse White
Secretary of State

1. Limited Liability Company Name: HART ROAD CENTER FOR PAIN MANAGEMENT, L.L.C.
2. State under the laws of which the company is organized: IL
3. Date organized or authorized in Illinois: 06/16/2010
4. The Limited Liability Company intends to adopt and transact business under the assumed name of:
BARRINGTON PAIN AND SPINE INSTITUTE

The right to use the assumed name shall be effective from the date this application is filed by the Secretary of State until 06/01/2015, the first day of the company's anniversary month in the next year, which is evenly divisible by five.

5. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Application to Adopt, Change, Cancel or Renew an Assumed Name is to the best of my knowledge and belief, true, correct and complete.

Dated Oct 05, 2012
Month & Day Year

JOHN V. PRUNSKIS (Manager)

Name

Title

If applicant is a company or other entity, state name of company and indicate whether it is a member or manager of the LLC.