



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. _____ Signature	1. _____ Street
_____	_____
Name (type or print)	City/Town State ZIP Code
2. _____ Signature	2. _____ Street
_____	_____
Name (type or print)	City/Town State ZIP Code
3. _____ Signature	3. _____ Street
_____	_____
Name (type or print)	City/Town State ZIP Code

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