

54728

EXAMINATION RECORD

	Anatomy	Physiology	Biochemistry	Pathology	Microbiology	Pharmacology	Basic Science Average	Medicine	Surgery	Obstetrics	Public Health	Podiatrics	Psychiatry	Clinical Science Average	Clinical Competence Average	Flex Weighted Average
1st Exam. Date																
2nd Exam. Date																
3rd Exam. Date																
4th Exam. Date																
5th Exam. Date																

DO NOT WRITE IN THIS PORTION

No. 36-54728

DECLARATION OF INTENTION OR CERTIFICATE OF NATURALIZATION

Bernard Smith M.D.
621 East 87th Street
Chicago, Illinois 60619

016

Diploma verified 6-8-77

Diploma returned 6-8-77

By in person

Certificate issued 6-9-77

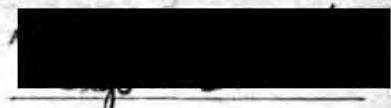
Certificate Forwarded _____



PERSONAL INFORMATION

Applicant must fill in following blanks:

Name BERNARD SMITH



Is this your first application for a license in Illinois? YES

Total years of practice 1

As follows:

State INDIANA Years 1976

" _____ "

" _____ "

" _____ "


" _____ "

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
DIVISION OF PROFESSIONAL REGULATION
1977

PERSONAL HISTORY

NOTE: If any of the following questions are answered "YES", full details must be furnished on separate sheet and attached.

- | | YES | NO |
|---|-------|----------|
| 1. Do you hold a license in any of the other healing arts? | _____ | <u>✓</u> |
| 2. Have you ever been called before any state board or any medical association for interrogation concerning any violation of The Medical Practice Act or unethical conduct? | _____ | <u>✓</u> |
| 3. Have you ever been convicted of a felony or misdemeanor other than traffic violations? | _____ | <u>✓</u> |
| 4. Have you ever been addicted to or treated for addiction to drugs? | _____ | <u>✓</u> |
| 5. Have you ever made an offer to compromise in connection with the Harrison Narcotic Law, or any narcotic law? | _____ | <u>✓</u> |
| 6. Have you ever received psychiatric treatment or received treatment for mental illness? | _____ | <u>✓</u> |
| 7. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism? | _____ | <u>✓</u> |
| 8. Have you ever engaged in the practice of medicine in a state, district or territory wherein you did not hold a valid license? | _____ | <u>✓</u> |
| 9. Have you ever had an application for licensure refused or rejected by a licensing board? | _____ | <u>✓</u> |

HEIGHT <u>5'11"</u>	WEIGHT <u>185 lb</u>	HAIR <u>BLACK</u>	EYES <u>BROWN</u>	PLACE PRINT OF RIGHT THUMB HERE 
COMPLEXION	SCARS AND MARKS <u>NONE</u>			

IMPORTANT:

Any false or misleading information in, or in connection with, any application, may be cause for debarment on the ground of lack of good moral character.

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements and transcripts are true, complete and correct.

State of Indiana
County of LaKie

Bernard Smith being
duly sworn, says that he is the person referred to in this application and
that the statements therein contained are true.

SIGNATURE OF APPLICANT
(Please use legal name)

Subscribed and sworn to before me this 15th day of
November, 1976.

NOTARY SEAL

Notary Public
ALTON O DAVID HOLIDAY II
NOTARY PUBLIC STATE OF INDIANA
MY COMMISSION EXPIRES FEB. 18, 1977
ISSUED THROUGH INDIANA NOTARY ASSOC.

STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
SPRINGFIELD

223069

REC'D
DEC 28 7 50 PM '70
CASH SECTION

APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON

I hereby make application for examination for a Certificate to practice Medicine and Surgery in all their branches, under the provisions of an Act entitled: The "Medical Practice Act" of Illinois.

Full name BERNARD SMITH ¹⁰¹⁶

Permanent address [REDACTED]

Place of birth I

Are you a citizen of the United States? YES
NOTE: Naturalized citizens of the United States should submit Certificates of Naturalization.

HIGH SCHOOL EDUCATION

Name of School TILDEN TECH. Location 4747 S. UNION

Attendance from JAN 58 - JAN. 62 to _____

COLLEGE OR UNIVERISTY EDUCATION

Name and location of school attended _____ period of attendance _____

1st year LOOP JR. COLLEGE 9/64 TO 5/66

2nd year LOOP JR. COLLEGE

3rd year CHGO STATE UNIV. 7/66 TO 8/68

4th year CHGO STATE UNIV.

I have credit for 130 of college work. I received the degree of BACHELOR OF SCIENCE
(No. of majors, semester hours, or clock hours)
from CHGO STATE UNIV. on the AUG day of 19 68
(College or University)

MEDICAL EDUCATION

I attended 4 full courses of medical lectures as follows:

at NORTH WESTERN MEDICAL School ✓
(Name of Medical College)

from the 29 day of SEPT, 1971 to the 14 day of JUNE, 1975

At _____
(Name of Medical College)

from the _____ day of _____, 19____ to the _____ day of _____, 19____

At _____
(Name of Medical College)

from the _____ day of _____, 19____ to the _____ day of _____, 19____

At _____
(Name of Medical College)

from the _____ day of _____, 19____ to the _____ day of _____, 19____

I was granted the degree of Doctor of Medicine by NORTHWESTERN UNIVERSITY
(Name of Medical College)

located at 303 E. CHgo AVE State or Country CHgo ILL, on the 14

day of JUNE, 1975, and the Diploma presented with this application is the genuine Diploma of said institution.

6-14-75

000000

POSTGRADUATE HOSPITAL TRAINING AND PRACTICE (LIST CHRONOLOGICALLY)

DESCRIPTION	NAME OF INSTITUTION	DATES		LOCATION
		FROM	TO	
MEDICAL INTERN	COOK COUNTY HOSP	7/75	6/76	1825 W. HARRISON CHGO. ILL

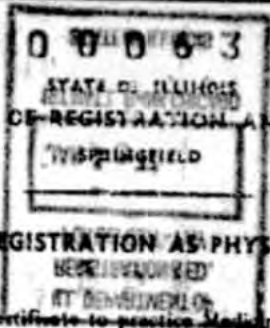
THE FILING OF AN APPLICATION OR THE TAKING OF AN EXAMINATION DOES NOT ENTITLE THE APPLICANT TO PRACTICE IN THE STATE OF ILLINOIS.

FOREIGN CREDENTIALS MAY NOT BE PRESENTED FOR REVIEW AT AN EXAMINATION.

07500063110

223069

STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION



APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON

I hereby make application for examination for a Certificate to practice Medicine and Surgery in all their branches, under the provisions of an Act entitled: The "Medical Practice Act" of Illinois.

Full name BERNARD SMITH

Permanent address



Place of birth I

Are you a citizen of the United States? YES

NOTE: Naturalized citizens of the United States should submit Certificates of Naturalization.

HIGH SCHOOL EDUCATION

Name of School TILDEN TECH. Location 4747 S. UNION

Attendance from JAN 53 - JAN. 62 to

COLLEGE OR UNIVERSITY EDUCATION

Name and location of school attended	period of attendance
1st year <u>LOOP JR. COLLEGE</u>	<u>9/64 TO 5/66</u>
2nd year <u>LOOP JR. COLLEGE</u>	
3rd year <u>CHGO STATE UNIV</u>	<u>7/66 TO 8/68</u>
4th year <u>CHGO STATE UNIV.</u>	

I have credit for 130 of college work. I received the degree of BACHELOR of SCIENCE
(No. of majors, semester hours, or clock hours)
from CHGO STATE UNIV on the AUG day of 1968
(College or University)

MEDICAL EDUCATION

I attended 4 full courses of medical lectures as follows:

at NORTHWESTERN MEDICAL SCHOOL
(Name of Medical College)
from the 29 day of SEPT, 1971 to the 14 day of JUNE, 1975

At _____
(Name of Medical College)
from the _____ day of _____, 19____ to the _____ day of _____, 19____

At _____
(Name of Medical College)
from the _____ day of _____, 19____ to the _____ day of _____, 19____

At _____
(Name of Medical College)
from the _____ day of _____, 19____ to the _____ day of _____, 19____

I was granted the degree of Doctor of Medicine by NORTHWESTERN UNIVERSITY
(Name of Medical College)
located at 303 E. CHGO AVE State or Country CHGO ILL on the 14
day of JUNE, 1975 and the Diploma presented with this application is the genuine Diploma of said institution.

THE FEDERATION OF STATE MEDICAL BOARDS
OF THE UNITED STATES, INC.
1612 SUMMIT AVENUE, SUITE 308
FORT WORTH, TEXAS 76102


RECEIVED

JAN 18 1977

MEDICAL SECTION

DATE: 1/12 19 77

TO: ILLINOIS DEPT. OF REGISTRATION & EDUCATION


SUBJECT: FLEX Examination Grades for BERNARD SMITH, M. D.


This is to certify that the above person took the FLEX Examination in 12/75 1976
under Indiana admission number 00177 and obtained
the following grades: FLEX Test Processing number 31430

BASIC SCIENCE:

Anatomy
Physiology
Biochemistry
Pathology
Microbiology
Pharmacology




BASIC SCIENCE AVERAGE: 


CLINICAL SCIENCE:

Medicine
Surgery
Obstetrics
Public Health
Pediatrics
Psychiatry



CLINICAL SCIENCE AVERAGE: 

CLINICAL COMPETENCE AVERAGE: 

FLEX WEIGHTED AVERAGE:  *ll*

Sincerely,



M. H. CRABB, M. D., Secretary

MHC:mf/je

TO: PROSPECTIVE APPLICANTS FOR MEDICAL LICENSURE IN ILLINOIS - QUESTIONNAIRE FORM

FROM: ILLINOIS DEPARTMENT OF REGISTRATION AND EDUCATION, SPRINGFIELD, ILLINOIS

You will aid this Department materially by providing the answers to all questions listed below.

RECEIVED

Name BERNARD SMITH

MAR 17 1976

Address [REDACTED]

City & State [REDACTED]

DEPARTMENT OF REGISTRATION AND EDUCATION
Zip Code 61802

Are you a Citizen of the United States, or have formal Declaration of Intention? Yes No

Name of Professional School NORTHWESTERN UNIVERSITY

Address of Professional School 303 E. Chicago Ave

Date of Graduation (M. D. Degree) JUNE 1975

United States internship served in (INTERNAL MEDICINE) COOK COUNTY HOSP

Address of Hospital 1825 W. HARRISON ST Chicago Ill

Type of Internship MEDICAL From July 75 To June 76

If you served an internship other than rotating service, please list any approved residency training you have completed in approved hospitals in the United States.

TYPE OF SERVICE	NAME OF HOSPITAL	HOSPITAL ADDRESS
<u>NONE</u>		

Are you a Diplomat of THE NATIONAL BOARD OF MEDICAL EXAMINERS? Yes No

Name of State of States in which you are licensed to practice medicine in all of its branches on the basis of successful written examination INDIANA

Were any of these examinations Flex (Federation of State Medical Boards)? Yes No

Date DEC 1975 State INDIANA

Please review Sections 11a and 13a of the enclosed copy of the Illinois Medical Practice Act and advise whether you seek full permanent licensure YES; or a Temporary Certificate of Registration _____; or a State Hospital Permit _____ . (Please Check ONE)

Are you eligible or Certified by an American Speciality Board? Yes _____ No

PROMPT RETURN OF THIS FORM TO: Department of Registration and Education, Medical Section, 628 East Adams Street, Springfield, Illinois 62786, with all questions answered will expedite disposition of your inquiry.

12/11/70

file and

*sent
3/15/76*

CERTIFICATION OF COLLEGE ATTENDANCE
(Give exact dates.)

November 8

19 76

TO THE DEPARTMENT OF REGISTRATION AND EDUCATION, SPRINGFIELD, ILLINOIS:

This is to certify that Bernard Smith

was in regular attendance at the Northwestern University Medical School

from the 7 day of September, 1971 to the 16 day of June, 19 72

from the 2 day of October, 1972 to the 15 day of June, 19 73

from the 9 day of July, 1973 to the 14 day of June, 19 74

from the 8 day of July, 1974 to the 21 day of March, 19 75

from the _____ day of _____, 19 _____ to the _____ day of _____, 19 _____

and was granted a Diploma as Doctor of Medicine by Northwestern University Medical School

located at 303 E. Chicago Ave. Chicago, IL State of Illinois

on the 14 day of June, 1975, having completed the required hours.

[Seal of College]

(Date, Secretary of Registration)

Jack F. Snarr, Ph.D.
Associate Dean

UPON COMPLETION, PLEASE FORWARD THIS FORM DIRECTLY TO:
MEDICAL SECTION
DEPARTMENT OF REGISTRATION AND EDUCATION
628 EAST ADAMS STREET
SPRINGFIELD, ILLINOIS 62788

CHICAGO TEACHERS COLLEGE

Smith Bernard

LAST NAME FIRST MIDDLE HOME ADDRESS

COURSE NUMBER AND TITLE	CREDIT HOURS	GRADE	GRADE POINTS	AV TO DATE	COURSE NUMBER AND TITLE	CREDIT HOURS	GRADE	GRADE POINTS	AV TO DATE	COURSE NUMBER AND TITLE	CREDIT HOURS	GRADE	GRADE POINTS	AV TO DATE
SPRNG TERM 4/68-6/68 04 2982 STU TEACH&SEMINAR GEN 05 2160 AMERICAN LITERATURE					SMITH BERNARD TERM BEGINNING HAS ATTEMPTED CUM. G. PTS. CUM. G.P. AVERAGE 7 70									
SUMR. TERM 7/68-8/68 01 1250 HIST&APPREC OF ART 10 3240 SELECT TOPICS ALGEBRA 32 1080 ELEMENTARY GERMAN II					CHEM 155 GENERAL CHEMISTRY I PHYS 152 GENERAL PHYSICS II									
COURSES COMPLETED FOR B.S. IN ED.														
ADMITTED TO CANDIDACY FOR DEGREE OF MASTER OF SCIENCE IN <u>Math</u> DATE <u>12/11/69</u>														
					SMITH BERNARD TERM BEGINNING HAS ATTEMPTED CUM. G. PTS. CUM. G.P. AVERAGE 9 69									
MATH 405 FOUNDATNS OF MATH I MATH 420 MODERN ALGEBRA I														
					SMITH BERNARD TERM BEGINNING HAS ATTEMPTED CUM. G. PTS. CUM. G.P. AVERAGE 1 70									
MATH 356 INT COMPLEX VARIABLE MATH 362 INT MOD ALGEBRA II														
SPRING TRIMESTER, SPRING TERM 4/70-6/70 DROPPED ALL COURSES														

CHICAGO STATE UNIVERSITY
EDUCATIONAL DEPARTMENT
THE UNIVERSITY OF CHICAGO PRESS
FEB 1 1977

ENTITLED TO HONORABLE DISMISSAL

TRANSCRIPT NOT TO BE GIVEN TO INDIVIDUAL
GRADES: A=94 to 100, B=85 to 90, C=76 to 84, D=70 to 75, F=60 to 69, P=50 to 59, N=0 to 49
CR. OF POINTS: A=4, B=3, C=2, D=1, F=0, P=0, N=0

CHICAGO TEACHERS COLLEGE
8800 STEWART AVENUE
CHICAGO 71, ILLINOIS

Smith Bernard

Tilden Chicago Illinois

B. ED. PROGRAMS ACCREDITED BY NCATE 7/1/54 TO DATE
DATE OF ADMISSION *September 1966*
DEGREE CONFERRED *BACULOR OF SCIENCE* DATE *AUG 16 1968*
IN EDUCATION
MAJOR EDUCATION MINOR *Mathematics*
CURRICULUM *Upper Grade Teaching Major*
GRADE POINT AVERAGE *3.136* RANK _____ IN CLASS OF _____

EST. GUARDIAN OR WIFE (BUSINESS) _____

ARTITUDE TEST (NCATI) _____ SCORE _____ SKILL MARK _____

DATE OF BIRTH _____
PLACE OF BIRTH _____
WITHDREW _____
SMITH BERNARD

COURSE NUMBER AND TITLE	CREDIT HOURS	GRADE	GRADE POINTS	AV TO DATE
CHICAGO CITY JR. COLL. 100	3	2	6	6/66
Business 101, 102, 111				
Soc. Sci. 101; 102				
Speech 101				
Humanities 201, 202				
English 102				
Math. 103, 104				
History 112				
Psych 201				
Biology 111, 112				
Education 257 Child Dev.				
Phy. Sci. 101, 102				
Sociol. 201				
Geography 101				
Music 101				
Phil. 105				

COURSE NUMBER AND TITLE	CREDIT HOURS	GRADE	GRADE POINTS	AV TO DATE
SPR TRIM 5/67- 6/67				
SPR TERM				
MATH 255				
INTEGRAL CALCULUS				
MATH 301				
THEORY OF EQUATIONS				
PE 206				
FIRST AID & SAFETY				

HIGH SCHOOL RECORD

RANK *26* IN CLASS OF *86* GRAD *Jan 1962*

SUBJECTS	UNITS	SUBJECTS	UNITS
ALGEBRA		COM. GEOGRAPHY	
GEOMETRY		BOOKKEEPING	
ADV ALGEBRA		STENOGRAPHY	
SOLID GEOMETRY		SHOP	
TRIGONOMETRY		ART	
ESSENT MATH		MUSIC	
GEN SCIENCE		HOUSEHOLD ARTS	
BIOLOGY BRITANN		DRAWING	
ZOOLOGY		TYPIING	
PHYSICS		GYM. R. O. T. C.	
CHEMISTRY			

SPR TRIM 6/67-8/67				
SUM TERM				
PE 117				
TENNIS				
MATH 321				
CALCULUS III				
MATH 311				
DIFFERENTIAL EQUATIO				

COLLEGE RECORD

DATE *1963*
1964-66

Wilson J. Collyer
Looy J. Collyer

FALL TERM 9/67-12/6				
10 3510				
ADVANCED CALCULUS I				
10 3610				
INTRO MOD ALGEBRA I				
22 2030				
AMER NATL GOVERNMENT				
27 2010				
GENERAL PHYSICS I				

ADMINISTRATION ON "CONSTITUTION" TEST REQUIRED BY SEC. 21-1 AND 27-3 OF SCHOOL CODE TAKEN AND PASSED. *1/67*

FALL TRIM 9/66-12/6				
EDUC 238				
PHIL/ORG AM PUBLIC E				
ENG 206				
TEACH LANG ARTS EL S				
MATH 153				
ANALYTIC GEOMETRY				
PSYCH 206				
EDUCATIONAL PSYCH				

WINT TERM 1/68- 4/6				
04 2422				
PRIN OF TEACHING				
10 3260				
COLLEGE GEOMETRY				
10 3320				
METH TEACH SEC MATH				
21 1070				
WESTERN CIVIL 1789-				
32 1070				
ELEMENTARY GERMAN I				

WINTER TERM 1/67 THP				
ENG 119				
COMPOSITION I				
ENG 124				
READING IN LIT				
MATH 254				
DIFFERENTIAL CALCULU				
MUSIC 133				
HIST/APPREC MUSIC I				
PE 112				
PHYSICAL FITNESS I				
PE 113				
PHYSICAL FITNESS II				

THE UNIVERSITY OF CHICAGO PRESS, CHICAGO, ILL. IS THE PUBLISHER OF THIS BOOK. THE UNIVERSITY OF CHICAGO PRESS, CHICAGO, ILL. IS THE PUBLISHER OF THIS BOOK. THE UNIVERSITY OF CHICAGO PRESS, CHICAGO, ILL. IS THE PUBLISHER OF THIS BOOK.

The Cook County Hospital



RECEIVED
MAY 4 1977
MEDICAL SECTION

THIS CERTIFIES THAT
Bernard Smith, M.D.
HAS SATISFACTORILY COMPLETED

a Categorical Internal Medicine Internship
FROM JULY 1, 1975 TO JUNE 30, 1976.

IN TESTIMONY WHEREOF THE UNDERSIGNED HAVE
AFFIXED THEIR SIGNATURES AT CHICAGO, ILLINOIS.

.....
MEDIC

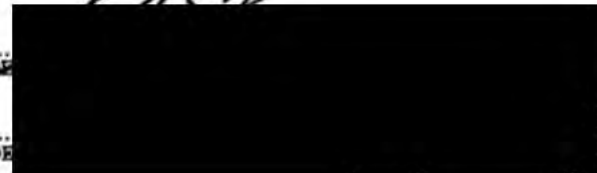
.....
PRESID

.....
EXEC



.....
DE

.....
DE



RECOMMENDATION

Date December 21 19 76

This certifies that I am personally acquainted with

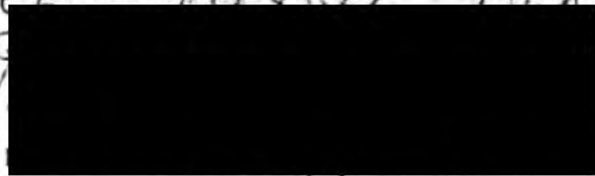
Bernard Smith M.D.

that I know him to be of good moral and professional character and entirely worthy of confidence.

I hereby recommend him to the Department of Registration and Education to be licensed to practice

Medicine

in the State of Illinois.



Endorser is a Graduate of Meharry Medical College in the year 1947
Name of Professional School

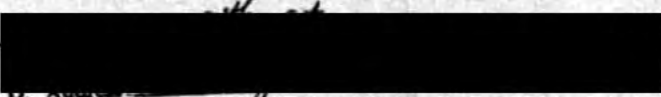
Illinois License No. 36-29197 Date issued Nov. 26, 1948

223069

RECOMMENDATION

Date 11/8 1976

This certifies that I am personally acquainted with
Dr. Bernard Smith
that I know him to be of good moral and professional character and entirely worthy of confidence.
I hereby recommend him to the Department of Registration and Education to be licensed to practice
medicine in the State of Illinois.


P. O. Address [Redacted]

Endorser is a Graduate of Northwestern Med Sch in the year 1975
Name of Professional School

Illinois License No. 3653158 Date issued August 19, 1976

101





STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
RONALD E. STACKLER
DIRECTOR

55 East Jackson Boulevard
Chicago, Illinois
60604
(312)341-9810

628 East Adams Street
Springfield, Illinois
62786
(217)782-4624

IN REPLY REFER TO: Medical Section
Springfield Office

Date: January 3, 1977

NOTICE CONCERNING APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON IN ILLINOIS
YOUR ATTENTION IS DIRECTED TO THE PARAGRAPHS CHECKED BELOW:

NAME Bernard Smith, MD

ADDRESS [REDACTED]

1. ___ Your application on the basis of your National Board Examination will be given further consideration upon receipt of a transcript of your National Board grades.
2. XX Your application will be given further consideration upon receipt of proof of your internship.
3. ___ Your application will be given further consideration upon receipt of proof of your residency training.
4. ___ Your application will be given further consideration upon receipt of proof that you have been accepted for residency training.
5. ___ Your application will be given further consideration upon receipt of your original M.D. degree with official translation if not in the English language.
6. XX Your application will be given further consideration upon receipt of your original ~~transcript~~ and premedical transcripts, together with official translation if not in the English language.
7. ___ Your application will be given further consideration upon receipt of the enclosed recommendation forms signed by (2) physicians licensed to practice medicine in the United States.
8. ___ Your application will be given further consideration upon receipt of your College Attendance form completed by the Medical School and returned to this Department. (Form Enclosed)
9. ___ Your application will be given further consideration upon receipt of the enclosed photoslip completed and signed. Please return with photograph attached if you have not previously done so.
10. ___ Your application has been placed on file for the examination-interview to be held in Chicago _____. A card for admission and further instructions will be mailed at a later date.
11. ___ You will be scheduled for examination-interview upon receipt of your fee in the amount of \$150.00. Clinical test-interview will be held in Chicago _____.
12. ___ You will be scheduled for examination-interview upon receipt of your fee in the amount of \$75.00. Written examination-interview will be held in Chicago _____.
13. ___ You will be scheduled for re-examination upon receipt of your fee in the amount of \$50.00. Written examination will be held in Chicago _____.

XX Please forward FLEX grades - see attached



STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
JOAN G. ANDERSON
DIRECTOR

55 East Jackson Boulevard
Chicago, Illinois
60604
(312) 341-9810

June 13, 1977

628 East Adams Street
Springfield, Illinois
62786
(217) 782-4624

IN REPLY REFER TO: Medical Section
Springfield Office

Bernard Smith M.D.



Dear Doctor:

Your Illinois physician and surgeon certificate will be issued as soon as office routine permits and will bear license number

36-54728

You may use this as your authority to practice as a licensed physician and surgeon until such time as your certificate is issued and mailed.

The Illinois Controlled Substances Act (Illinois Revised Statutes 1975, Chapter 56 1/2 - Section 1100 to 1603) requires that every person who manufactures, distributes or dispenses any controlled substances within this State must annually obtain a registration issued by this Department. Enclosed please find a letter of explanation and an application for controlled substances registration.

If you require further information, you may write or call the Medical Section at area code 217/782-7935.

Very truly yours,

Jerry D. Sternstein
Deputy Director

JDS:wpc

Enclosures

SEAL



STATE OF ILLINOIS
 DEPARTMENT OF REGISTRATION AND EDUCATION
 JOAN G. ANDERSON
 DIRECTOR

RECEIVED
 STATE OF ILLINOIS
 MAR 30 1979
 DEPARTMENT OF REGISTRATION
 AND EDUCATION

55 East Jackson Boulevard
 Chicago, Illinois
 60604
 (312) 341-8610

Springfield, Illinois
 62788
 (217) 782-4824

IN REPLY REFER TO: Medical Section
 Springfield Office

March 21, 1979

Bernard Smith, M.D.



License No. 36-54728

321370
 E2079

Dear Doctor:

This is to acknowledge receipt of your letter requesting certification for the State of GA, and to inform you it will receive further consideration upon receipt of a \$15 certification fee as provided by the Illinois Medical Practice Act.

If certification is required on a special form, please submit the form to this Department. In the event the state requires more than one certification, a second fee is not required.

If you request a certification for more than one State Board, a \$15 fee is required for each state.

Very truly yours,



Marilyn Yokem
 Acting Unit Supervisor

WPC

*Bernard Smith
 act.*

RECEIVED
 APR 08 1979
 MEDICAL SECTION

The
for licensure.
their review in cons.
March 5, 1979 to: The
Atlanta, Georgia 30303.

use, for
not later than
166 Pryor Street, S.W.,

[Redacted Signature]

Signature

BERNARD SMITH
Name in full

[Redacted License Number]

36-54728

License Number

BA
W

RECEIVED
APR 11 1979
J.M.

License Number 36-54728

Date Issued 6/9/77

State Exam FLEX

Reciprocity/Endorsement with Indiana
State

Is license in good standing? YES (X) NO ()

Has any disciplinary action ever been taken against the above physician, including, but not limited to suspension or revocation? YES () NO (X)

If "YES" furnish details _____

Signed _____

Title DIRECTOR

State Board II, Dept. of Registration & Education

Date April 2, 1979

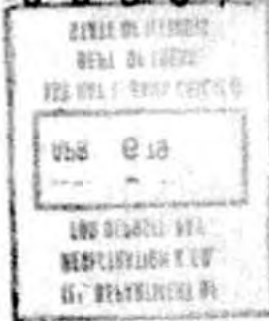
Board Seal

by: [Redacted]

0 1 5 0 0 0 6 7 0 0 1

Certification Fee

Bernard Smith, M.D.
ok 78-80
[REDACTED]



Cert. form to be compl. & md. GA

RECEIVED

APR 9 1979

MEDICAL SECTION

IMPORTANT NOTICE Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes (Chapter 111 of the Illinois Revised Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in the form not being processed. This form has been approved by the Forms Management Center.

RETURN APPLICATION TO
STATE OF ILLINOIS
DEPARTMENT OF PROFESSIONAL REGULATION
 120 West Washington Street, 3rd Floor
 Springfield Illinois 62760

FOR OFFICIAL USE ONLY
 License Number Issued _____
 Date License Issued _____

APPLICATION FOR A MEDICAL OR PROFESSIONAL CORPORATION LICENSE
 INSTRUCTIONS

1. The Articles of Incorporation must be filed with the Corporation Division of the Illinois Secretary of State's Office.
2. Enclose a copy of the Articles of Incorporation.
3. The required fee, in the form of a check or money order payable to the Department of Professional Regulation must accompany this application. This fee is not refundable. Fees are:

NOTE:
 \$60 - Medical Corporation
 \$50 - Professional Service Corporation

MEDICAL CORPORATION - In accordance with Section 13 of the Medical Corporation Act, all of the officers, directors, and shareholders of a medical corporation shall at all times be persons licensed pursuant to the Medical Practice Act.

PROFESSIONAL SERVICE CORPORATION - In accordance with Section 4 of the Professional Service Corporation Act, a corporation organized under the Act solely for the purpose of rendering one category of professional services must have as its shareholders, directors, officers, agents and employees (other than ancillary personnel) only individuals who are duly licensed to render the same professional service or related professional services as those for which the corporation was organized. Permitted related professions for the purpose of organizing a corporation under the Professional Service Corporation Act are a combination of 2 or more of the following: the practice of architecture, professional engineering, structural engineering and land surveying; or the practice of medicine, podiatry and dentistry.

YOU ARE REQUIRED TO PROVIDE THIS DEPARTMENT WITH A COPY OF THE CERTIFICATE OF DISSOLUTION OF THE CORPORATION WITHIN 30 DAYS OF RECEIPT.

1. NAME OF CORPORATION Bernard Medical Associates, S.C.		2. TYPE OF LICENSURE <input checked="" type="checkbox"/> Medical Corporation <input type="checkbox"/> Professional Service Corporation		3. DATE CORPORATION WAS FORMED 12/18/97	
4. ADDRESS OF PRINCIPAL OFFICE (Street Address, City, State, ZIP Code) [REDACTED]			5. COUNTY Cook		6. FEIN NUMBER [REDACTED]
7. IF MORE THAN ONE OFFICE EXISTS FOR THE ABOVE-NAMED CORPORATION, INDICATE ADDRESSES: [REDACTED]					
8. Has the Articles of Incorporation been filed with the Corporation Division of the Illinois Secretary of State's Office? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. NAMES OF SHAREHOLDERS, DIRECTORS, OFFICERS, AGENTS, AND EMPLOYEES (OTHER THAN ANCILLARY PERSONNEL) Use reverse side of form if more space is needed.					
NAME Bernard Smith, M.D.		ADDRESS (Street, City, State, ZIP Code) [REDACTED]		LICENSURE NUMBER 036-054728	
		Unit #1			

I hereby certify that I personally completed this application, that the answers appearing hereon are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this firm.

Signature: _____ Date: **1/20/98**

My signature above authorizes the Department of Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

Form **BCA-2.10** ARTICLES OF INCORPORATION

(Rev. Jan. 1995)
 George H. Ryan
 Secretary of State
 Department of Business Services
 Springfield, IL 62756

This space for use by Secretary of State

FILED

SUBMIT IN DUPLICATE!

0 0 0 DEC 18 1997 0 0 8 9

This space for use by Secretary of State

Date 12-18-97
 Franchise Tax \$ 55.00
 Filing Fee \$ 12.00
 Approved: [Signature]

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

GEORGE H. RYAN
SECRETARY OF STATE

1. CORPORATE NAME: BERNARD MEDICAL ASSOCIATES, S.C.

(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent: Howard D. Lerman
First Name Middle Initial Last name
 Initial Registered Office: 333 West Wacker Drive 2800
Number Street Suite #
Chicago IL 60606 Cook
City Zip Code County

3. Purpose or purposes for which the corporation is organized:
 (If not sufficient space to cover this point, add one or more sheets of this size.) Medical Corporation, Inc.
 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, consultation or advice may be given by employees of the corporation only if they are licensed pursuant to the Medical Practice Act of 1987.

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

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
Common	\$ No par value	1,000	100	\$ 1,000.00
TOTAL = \$1,000.00				

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:
 (If not sufficient space to cover this point, add one or more sheets of this size.)

EXPEDITED

(over) DEC 18 1997

(b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Residential Address	City, State, ZIP

6. OPTIONAL: (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ N/A
- (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
- (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ _____
- (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

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.

Dated December 17, 1997

Signature and Name	Address
1. <u>Signature</u> <u>Howard D. Lerman</u> (Type or Print Name)	1. _____ City/Town State Zip Code
2. _____ Signature (Type or Print Name)	2. _____ Street City/Town State Zip Code
3. _____ Signature (Type or Print Name)	3. _____ Street 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: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

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, with a minimum of \$25.
- The filing fee is \$75.
- The minimum total due (franchise tax + filing fee) is \$100.
(Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.
 Illinois Secretary of State Springfield, IL 62756
 Department of Business Services Telephone (217) 782-9522 or 782-9523

98016397

STATE OF ILLINOIS DEPARTMENT OF STATE
CLERK OF THE SECRETARY OF STATE

File Number 5572-447-6 01017008

State of Illinois Office of The Secretary of State

Whereas,

ARTICLES OF INCORPORATION OF
BERNARD MEDICAL ASSOCIATES, S.C.
INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN
FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE
BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this 18TH day of DECEMBER A.D. 19 97 and of the Independence of the United States the two hundred and 22ND



George H. Ryan
Secretary of State

C2122

HORWOOD MARCUS & BERK
Chartered

Howard D. Lerman
Direct Dial: (312) 606-3206
Direct e-mail: hlerman@hmblaw.com

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Attorneys at Law

333 West Wacker Drive
Suite 2800
Chicago, Illinois 60606

phone: (312) 606-3200
fax: (312) 606-3232

January 27, 1998

Illinois Department of Professional Regulation
320 West Washington Street
Third Floor
Springfield, Illinois 62786

Re: Bernard Medical Associates, S.C.

Gentlemen:

On behalf of the above Illinois medical corporation, we are enclosing the following items:

1. Application for a medical corporation license signed by Bernard Smith, MD, as the sole shareholder, director, officer and employee of Bernard Medical Associates, S.C.
2. Copy of the recorded Articles of Incorporation issued by the Secretary of State of Illinois on December 18, 1997.
3. Check payable to "Department of Professional Regulation" for \$50.

After you have completed your procedures, we would appreciate your sending the medical corporation license to our client and furnishing us with a copy thereof. In the meantime, if you have any questions or require additional information, please do not hesitate to contact us.

Thank you very much for your prompt attention to this matter.

Very truly yours,


Howard D. Lerman

HDL/sks
Enclosure

cc: Bernard Smith, MD
Robert E. Brooks, CPA