

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000820 (8)

1. Corporation Name
UTILIMED, INC.



Principal Place of Business: **40 SKOKIE BLVD., STE. 500 NORTHBROOK IL 60062**

Mailing Address: **40 SKOKIE BLVD., STE. 500 NORTHBROOK IL 60062-1618**

3. Date Incorporated or Qualified: **02/19/1996**

3a. Date of Last Report

4. FEI Number: **36-3692630**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

Signature typed for printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	CP	<input type="checkbox"/> DELETE
NAME	ADKINS, CARL R M.D.	
STREET ADDRESS	930 GLOUCESTER CROSSING	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	C	<input type="checkbox"/> DELETE
NAME	CASTLEMAN, PETER	
STREET ADDRESS	10 HUCKLEBERRY HILL RD.	
CITY-ST-ZIP	NEW CANAAN CT 06840	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPIRO, ALAN H MD	
STREET ADDRESS	266 VINE ST.	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUTT, MITCHELL MD	
STREET ADDRESS	57 E 90TH ST	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KELLER, BRAD	
STREET ADDRESS	313 E SCRANTON	
CITY-ST-ZIP	LAKE BLUFF IL 60044	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RUBINSTEIN, LAWRENCE	
STREET ADDRESS	540 DUNDEE RD	
CITY-ST-ZIP	GLENCOE IL 60022	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TREASURER / CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARK RICHARDS	
1.3 STREET ADDRESS	881 HARVARD CT	
1.4 CITY-ST-ZIP	HIGHLAND PARK, IL 60035	
2.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEFFREY R. JAY, M.D.	
2.3 STREET ADDRESS	39 ROCK RIDGE AVE	
2.4 CITY-ST-ZIP	GREENWICH, CT 06831	
3.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JONAS L. STEINMAN	
3.3 STREET ADDRESS	1520 YORK AVE #28B	
3.4 CITY-ST-ZIP	NEW YORK, NY 10028	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark Richards* **MARK RICHARDS, TREASURER** (847) 564-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)