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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90010 003 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000000820

1. Corporation Name
UTILMED, INC.

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/19/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
36-3692630

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

23 City & State

27 City & State

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

24 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP	<input checked="" 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	237 GREENLEY ROAD	
CITY-ST-ZIP	NEW CANAAN CT 06840	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEFFREY R JAY, M.D.	
STREET ADDRESS	39 ROCK RIDGE AVE	
CITY-ST-ZIP	GREENWICH CT 06831	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUTT, MITCHELL MD	
STREET ADDRESS	57 E 90TH ST	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONAS L STEINMAN	
STREET ADDRESS	1520 YORK AVE #23-B	
CITY-ST-ZIP	NEW YORK NY 10028	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RUBINSTEIN, LAWRENCE	
STREET ADDRESS	540 DUNDEE RD	
CITY-ST-ZIP	GLENCOE IL 60022	

1.1 TITLE	CP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ronald D. Geraty, M.D.	
1.3 STREET ADDRESS	295 Ocean Ave.	
1.4 CITY-ST-ZIP	Marblehead, MA 01945	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Nancy A. Armatas	
6.3 STREET ADDRESS	440 N. Wabash Ave. #705	
6.4 CITY-ST-ZIP	Chicago, IL 60611	

14. I 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, with all other like empowered.

SIGNATURE: *Suzanne M. Keane*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

(847) 559-6531

Date

Daytime Phone #

CR2E034 (1.1/98)