

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F03000004022**

1. Entity Name  
ALLIANCE PJRT GP, INC.



Principal Place of Business  
135 REVERE DRIVE  
NORTHBROOK, IL 60062

Mailing Address  
135 REVERE DRIVE  
NORTHBROOK, IL 60062



03302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-2211787**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
SCHOR, ANDREW W  
221 N. LASALLE STREET, SUITE 3700  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
IVANKOVICH, ANTHONY D  
221 N. LASALLE STREET, SUITE 3700  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
UVA, KENNETH J  
1209 ORANGE STREET  
WILMINGTON, DE 19801

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
DUVA, VICTOR A  
1209 ORANGE STREET  
WILMINGTON, DE 19801

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
EVAS  
IVANKOVICH, STEVEN  
221 N. LASALLE STREET, SUITE 3700  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000720290  
05/01/07-80098-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony D. Ivankovich, M.D., Vice President 4/13/07

Date

Daytime Phone #