

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91041 002 \*\*\*150.00

<b>DOCUMENT # F96000000707</b> 1. Entity Name <b>WHP HEALTH INITIATIVES, INC.</b>					
Principal Place of Business <b>200 WILMOT RD. DEERFIELD, IL 60015</b>		Mailing Address <b>200 WILMOT RD. DEERFIELD, IL 60015</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>300 WILMOT ROAD, MS #3301</b>			
City & State		Suite, Apt. #, etc. <b>ATTN: TAX DEPARTMENT</b>		04192004    Chg-P    CR2E034 (10/03)	
City & State <b>DEERFIELD, IL</b>		City & State <b>DEERFIELD, IL</b>		4. FEI Number <b>36-4049815</b>	
Zip <b>60015</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASSON, GREGORY D 1417 LAKE COOK RD DEERFIELD, IL 60015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANS, R. J. 200 WILMOT RD. DEERFIELD, IL 60015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KING, E H 200 WILMOT RD. DEERFIELD, IL 60015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLEN, M.E. 300 WIMOT RD DEERFIELD, IL 60015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERNAUER, DAVID W 4 CONVENTRY LINCOLNSHIRE, IL 60069	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR JEFFREY A. REIN 200 WILMOT ROAD DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GODFREY, NANCY J 1318 N ELLIOTT PARK RIDGE, IL 60068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 WILMOT ROAD DEERFIELD, IL 60015
12. 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 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 all other like empowered.					
<b>SIGNATURE:</b> <u>Margarita E. Kellen</u> MARGARITA E. KELLEN, TREASURER    04/19/04    847-914-5410 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					