

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91521 024 ***150.00

DOCUMENT # F96000000707

1. Entity Name
WHP HEALTH INITIATIVES, INC.



Principal Place of Business
**200 WILMOT RD.
DEERFIELD, IL 60015**

Mailing Address
**200 WILMOT RD.
DEERFIELD, IL 60015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

36-4049815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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
**PDC
HALASKA, ROBERT
200 WILMOT RD.
DEERFIELD, IL 60015** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HANS, R. J.
200 WILMOT RD.
DEERFIELD, IL 60015** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
KING, E H
200 WILMOT RD.
DEERFIELD, IL 60015** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KELLEN, M.E.
300 WIMOT RD
DEERFIELD, IL 60015** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BERNAUER, DAVID W
4 CONVENTRY
LINCOLNSHIRE, IL 60069** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GODFREY, NANCY J
1318 N ELLIOTT
PARK RIDGE, IL 60068** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/Director
Gregory D. Wasson
1417 Lake Cook Road
Deerfield, IL 60015** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

Margarita E. Kellen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margarita E. Kellen, Treasurer, 4/23/03

Date

Daytime Phone #

CR2E034 (10/02)