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Secretary of State

04-26-1999 90053 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # *F9800002247*

1. Corporation Name

HEALTH ADVANCE INSTITUTE, INC.

Principal Place of Business

Mailing Address

902 Frostwood, Suite 315
 Houston, TX 77024-2403

124 Southwest Adams, Suite 560
 Peoria, IL 61602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April 20, 1998

4. FEI Number

36-4170906

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 owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business

21 902 Frostwood,

Suite, Apt. #, etc.

22 Suite 315

City & State

23 Houston, TX

Zip Country

24 77024-2403

25 U.S.

2a. Mailing Address

26 124 Southwest Adams

Suite, Apt. #, etc.

27 Suite 560

City & State

28 Peoria, IL

Zip Country

29 61602

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301

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 President DELETE
 NAME J. Patrick Magill
 STREET ADDRESS 902 Frostwood, Suite 315
 CITY-ST-ZIP Houston, TX 77024-2403

11 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP

TITLE Secretary/Treasurer DELETE
 NAME Roland Rapp
 STREET ADDRESS 497 Centennial Court
 CITY-ST-ZIP Dayton, OH 45458-4012

21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

TITLE Director DELETE
 NAME A. Dana Callow
 STREET ADDRESS 30 Rowes Wharf, Suite 330
 CITY-ST-ZIP Boston, MA 02110

31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

TITLE Director DELETE
 NAME James L. Currie
 STREET ADDRESS 190 S. LaSalle, Suite 2800
 CITY-ST-ZIP Chicago, IL 60603

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

TITLE Director DELETE
 NAME Douglas R. Oberhelman
 STREET ADDRESS Rt. 29, Bldg. AC-Dock 33
 CITY-ST-ZIP Mossville, IL 61552-0610

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

TITLE Director DELETE
 NAME Edward F. Sutkowski
 STREET ADDRESS 124 Southwest Adams, Suite 560
 CITY-ST-ZIP Peoria, IL 61602

61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

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 307, 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: *J. Patrick Magill* J. Patrick Magill, President 4-14-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (1/98)