

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90053 037 \*\*\*150.00

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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

29 61602

Country

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(5)(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, President 4-14-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (1/98)