

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002247

1. Entity Name

HEALTH ADVANCE INSTITUTE, INC.

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90007 046 ***550.00

Principal Place of Business

902 FROSTWOOD
 STE 315
 HOUSTON TX 77024-2403
 US

Mailing Address

124 SOUTHWEST ADAMS
 STE 560
 PEORIA IL 61602
 US

B0105355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

902 Frostwood

Suite, Apt. #, etc.
 Suite 315

City & State

Houston, TX

Zip

77024-2403

Country

USA

4. FEI Number

36-4170906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

J Patrick Magill

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

902 Frostwood

Suite 315

City

Houston, TX

77024

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
 NAME SUTKOWSKI, EDWARD F
 STREET ADDRESS 124 SOUTHWEST ADAMS, SUITE 560
 CITY-ST-ZIP PEORIA IL 61602

TITLE D ☒ Delete
 NAME CURRIE, JAMES L
 STREET ADDRESS 190 SOUTH LASALLE, SUITE 2800
 CITY-ST-ZIP CHICAGO IL 60603

TITLE D ☒ Delete
 NAME CALLOW, A. DANA
 STREET ADDRESS 30 ROWESWORTH
 CITY-ST-ZIP BOSTON MA 02110

TITLE D ☒ Delete
 NAME OBERHELMAN, DOUGLAS R
 STREET ADDRESS RT 29 BLDG AC-DOCK 33
 CITY-ST-ZIP MOSSVILLE IL 61552-0610

TITLE P ☐ Delete
 NAME MAGILL, J P
 STREET ADDRESS 902 FROSTWOOD STE 315
 CITY-ST-ZIP HOUSTON TX 77024-2403

TITLE ST ☒ Delete
 NAME RAPP, ROLAND
 STREET ADDRESS 497 CENTENNIAL CT
 CITY-ST-ZIP DAYTON OH 45458-4012

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)