

2000 UNIFORM BUSINESS REPORT (UBR)

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

09-08-2000 90007 046 ***550.00

DOCUMENT # F98000002247

1. Entity Name
HEALTH ADVANCE INSTITUTE, INC.



B0105355



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**902 FROSTWOOD
 STE 315
 HOUSTON TX 77024-2403
 US**

Mailing Address
**124 SOUTHWEST ADAMS
 STE 560
 PEORIA IL 61602
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
**902 Frostwood
 Suite 315
 Houston, TX
 77024-2403 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** ~~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]* DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SUTKOWSKI, EDWARD F 124 SOUTHWEST ADAMS, SUITE 560 PEORIA IL 61602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CURRIE, JAMES L 190 SOUTH LASALLE, SUITE 2800 CHICAGO IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CALLOW, A. DANA 30 ROWESWORTH BOSTON MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete OVERHELMAN, DOUGLAS R RT 29 BLDG AC-DOCK 33 MOSSVILLE IL 61552-0610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MAGILL, J P 902 FROSTWOOD STE 315 HOUSTON TX 77024-2403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete RAPP, ROLAND 497 CENTENNIAL CT DAYTON OH 45458-4012

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/5/00** Daytime Phone # **713 934 234**

CR2E034 (5/00)