

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
 02-14-2000 90037 003 ***158.75

DOCUMENT # F99000005263

1. Entity Name
CORRECTIONAL HEALTH CARE PROFESSIONALS, INC.

Principal Place of Business Mailing Address
331 FULTON STREET, SUITE 300 **331 FULTON STREET, SUITE 300**
IL 61602 **PEORIA IL 61602-1499**

D0020298



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		37-1347484		Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Not Applicable			
				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.

SIGNATURE Not 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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, NORMAN R	NAME	
STREET ADDRESS	7406 N. EDGEWILD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PEORIA IL 61614	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLINAN, STEPHEN A	NAME	
STREET ADDRESS	308 E. MORNINGSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PEORIA IL 61614	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BRENDA J	NAME	
STREET ADDRESS	7406 N. EDGEWILD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PEORIA IL 61614	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCON-CULLINAN, THERESA M	NAME	
STREET ADDRESS	308 EAST MORNINGSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PEORIA IL 61614	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] 2-4-00 309/676-4900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)