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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000432 (2)

1. Corporation Name

HEALTH PROFESSIONALS INTERNATIOAL LTD. INC.

Principal Place of Business

612 OAK STREET
WINNETKA IL 60093

Mailing Address

612 OAK STREET
WINNETKA IL 60093-2537



2. Principal Place of Business

21 1601 Sherman Avenue

Suite, Apt. #, etc.

22 Suite 400

City & State

23 Evanston, IL

Zip

24 60201

Country

25 U.S.A.

2a. Mailing Address

26 1601 Sherman Avenue

Suite, Apt. #, etc.

27 Suite 400

City & State

28 Evanston, IL

Zip

29 60201

Country

30 U.S.A.

3. Date Incorporated or Qualified

01/25/1996

3a. Date of Last Report

4. FEI Number

36-3748853

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

I, 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 of the person named in 9. If registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PENDRY, THOMAS A	
STREET ADDRESS	1035 STARR ROAD	
CITY - ST - ZIP	WINNETKA IL 60093	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	PENDRY, DOUGLAS J	
STREET ADDRESS	819 MADISON	
CITY - ST - ZIP	EVANSTON IL 60202	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PENDRY, MARGARET M	
STREET ADDRESS	1035 STARR ROAD	
CITY - ST - ZIP	WINNETKA IL 60093	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ZARAZA, MARI-KATHLEEN S	
STREET ADDRESS	5634 N. KERBS	
CITY - ST - ZIP	CHICAGO IL 60646	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENDRY, CHRISTINE B	
STREET ADDRESS	194 RIVERSIDE DR.	
CITY - ST - ZIP	NEW YORK NY 10025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENDRY, ELIZABETH R	
STREET ADDRESS	155 ATLANTIC AVE.	
CITY - ST - ZIP	BROOKLYN NY 11201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)