


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000001426 1. Entity Name SCHOOL HEALTH CORPORATION					
Principal Place of Business 865 MUIRFIELD DR. HANOVER PARK, IL 60133			Mailing Address 865 MUIRFIELD DR. HANOVER PARK, IL 60133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01312006 Chg-P CR2E034 (11/05)	
4. FEI Number 36-2425385				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, CHRISTY 13500 SUTTON PARK DR. S., SUITE 601-4 JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name _____ 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>CHRISTY FISHER</u>				DATE <u>3/13/07</u>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, SUSAN		NAME		
STREET ADDRESS	865 MUIRFIELD DR.		STREET ADDRESS	U000000727771	
CITY-ST-ZIP	HANOVER PARK, IL 60133		CITY-ST-ZIP	05/04/07-80062-005 150.00	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, ROBERT D		NAME		
STREET ADDRESS	865 MUIRFIELD DR.		STREET ADDRESS		
CITY-ST-ZIP	HANOVER PARK, IL 60133		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORMACK, R. SCOTT		NAME		
STREET ADDRESS	865 MUIRFIELD DR.		STREET ADDRESS		
CITY-ST-ZIP	HANOVER PARK, IL 60133		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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Robert S. Cormack / Robert Scott Cormack</u>			Date <u>4/17/07</u> Daytime Phone # <u>(822)-259-8014</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					