

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001426

FILED
May 08, 2008
Secretary of State

Entity Name: SCHOOL HEALTH CORPORATION

Current Principal Place of Business:

865 MUIRFIELD DR.
HANOVER PARK, IL 60133

New Principal Place of Business:

Current Mailing Address:

865 MUIRFIELD DR.
HANOVER PARK, IL 60133

New Mailing Address:

FEI Number: 36-2425385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAUER, AMY
13500 SUTTON PARK DR. S., SUITE 601-4
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

FISHER, CHRISTY
13500 SUTTON PARK DR. S., SUITE 601-4
JACKSONVILLE, FL 32224 US

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: CHRISTY FISHER

05/08/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROGERS, SUSAN
Address: 865 MUIRFIELD DR.
City-St-Zip: HANOVER PARK, IL 60133

Title: V () Delete
Name: ROGERS, ROBERT D
Address: 865 MUIRFIELD DR.
City-St-Zip: HANOVER PARK, IL 60133

Title: T () Delete
Name: CORMACK, R. SCOTT
Address: 865 MUIRFIELD DR.
City-St-Zip: HANOVER PARK, IL 60133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. SCOTT CORMACK

T

05/08/2008

Electronic Signature of Signing Officer or Director

Date