


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90054 001 ****70.00

DOCUMENT # F06000000475	
1. Entity Name INSTITUTE FOR SCIENCE AND HEALTH, INC.	

Principal Place of Business 300 HUNTER AVE STE 110 ST LOUIS, MO 63124	Mailing Address 300 HUNTER AVE STE 110 ST LOUIS, MO 63124
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40012250



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122007 Chg-NP CR2E037 (12/06)

4. FEI Number 43-1912103	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCENROE, JAMES 2165 IBIS ISLE RD STE 14 PALM BCH, FL 33480	7. Name and Address of New Registered Agent Name <u>ALAN N. WILLER</u> Street Address (P.O. Box Number is Not Acceptable) <u>2165 IBIS ISLE RD, STE 14</u> City <u>PALM BEACH</u> FL Zip Code <u>33480</u>
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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 Alan N. Willer, SR VP ALAN N. WILLER 1-31-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LOVASZ, DONALD J 300 HUNTER AVE STE 110 ST LOUIS, MO 63124 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>SEE ATTACHED LIST</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BECAN-MCBRIDE, KATHLEEN 300 HUNTER AVE STE 110 ST LOUIS, MO 63124 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUGHLIN, RICHARD E 300 HUNTER AVE STE 110 ST LOUIS, MO 63124 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, CHARLES E 300 HUNTER AVE STE 110 ST LOUIS, MO 63124 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCENROE, JAMES J 300 HUNTER AVE STE 110 ST LOUIS, MO 63124 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLER, ALAN N 300 HUNTER AVE STE 110 ST LOUIS, MO 63124 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Alan N. Willer ALAN N. WILLER 1-31-07 314-446-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
4001225D
#FD6000000475

**Institute for Science and Health
Officer and Board of Directors Roster
Florida Annual Report Filing - 2007**

<u>Name</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Kathleen Becan-McBride, Ed.D., MT(ASCP) 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lynne Brinker 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Catherine R. Edwards, Ph.D. 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC Roger A. Jenkins, Ph.D. 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Robert F. Ketterer 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Donald J. Lovasz 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Chuck Neff 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C David Scobee 300 Hunter Avenue, Suite 110 St. Louis, MO 63124



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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Charles E. Wallace, Ph.D. 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D James J. McEnroe, Ph.D., ACHE 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Alan N. Willer, BSEE, MBA 300 Hunter Avenue, Suite 110 St. Louis, MO 63124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Gerald Rupp, Ph.D. 300 Hunter Avenue, Suite 110 St. Louis, MO 63124