

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 24, 2011
Secretary of State

Entity Name: INSTITUTE FOR SCIENCE AND HEALTH, INC.

Current Principal Place of Business:

300 HUNTER AVE
SUITE 110
ST LOUIS, MO 63124

New Principal Place of Business:

Current Mailing Address:

300 HUNTER AVE
SUITE 110
ST LOUIS, MO 63124

New Mailing Address:

FEI Number: 43-1912103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUPP, GERALD
6302 DUSENBERG RD
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: RUPP, GERALD
Address: 300 HUNTER AVE STE110
City-St-Zip: SAINT LOUIS, MO 63124

Title: DC
Name: JENKINS, ROGER A PH.D.
Address: 300 HUNTER AVE STE 110
City-St-Zip: SAINT LOUIS, MO 63124

Title: D
Name: BECAN-MCBRIDE, KATHLEEN ED.D
Address: 300 HUNTER AVE STE 110
City-St-Zip: SAINT LOUIS, MO 63124

Title: DST
Name: WALLACE, CHARLES E PHD
Address: 300 HUNTER AVE STE 110
City-St-Zip: SAINT LOUIS, MO 63124

Title: D
Name: BRINKER, LYNNE
Address: 300 HUNTER AVE STE 110
City-St-Zip: SAINT LOUIS, MO 63124

Title: D
Name: ORLANDO, MICHAEL A
Address: 300 HUNTER AVE STE 110
City-St-Zip: SAINT LOUIS, MO 63124

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GERALD RUPP

VP

01/24/2011

Electronic Signature of Signing Officer or Director

Date