2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005037

Entity Name: SCHOOL NURSE PARTNERSHIP, INC.

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 623 A E. ATLANTIC BLVD POMPANO BEACH, FL 33060 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 6111 POMPANO BEACH, FL 33060 FEI Number: 65-0945431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOYCE, SUSAN 1362 N.W. 104TH DRIVE CORAL SPRINGS, FL 33071 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DAUGHERTY, RANDY DAUGHERTY, RANDY RN Name: Name: 8205 S.W. 13TH STREET Address: 8205 S.W. 13TH STREET Address: City-St-Zip: N. LAUDERDALE, FL 33068 City-St-Zip: N. LAUDERDALE, FL 33068 Title: SDTD Title: SDTD (X) Change () Addition () Delete LAMBDIN, CATHERINE Name: LAMBDIN, CATHERINE Name: Address: 7560 NW 21ST CT. Address: 290 SE 10TH STREET City-St-Zip: MARGATE, FL 33063 City-St-Zip: POMPANO BEACH, FL 33060 Title: VPD () Delete Title: **VPD** (X) Change () Addition BERRY, DIERDRE BERRY, DEIRDRE Name: Name: Address: 3770 NW 109TH AVE. Address: 3770 NW 109TH AVE. City-St-Zip: CORAL SPRINGS, FL 33965 City-St-Zip: CORAL SPRINGS, FL 33065 Title: Title: () Change (X) Addition () Delete Name: Name: PALMA, LYNN ARNP 2501 NE 40TH STREET Address: Address: City-St-Zip: City-St-Zip: FT. LAUDERDALE, FL 33308 Title: () Delete Title: () Change (X) Addition PALEY, DIANE R CPA Name: Name: 9843 NW 18TH STREET Address: Address: City-St-Zip: City-St-Zip: CORAL SPRINGS, FL 33071 Title: () Delete Title: () Change (X) Addition TYRIE, PATTY RN Name: Name: Address: Address: 6523 NW 80TH DRIVE PARKLAND, FL 33067 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEIRDRE BERRY VPD 04/26/2004

SHOSHANAH SETZEN (D) 2020 S. ANDREWS AVENUE FT. LAUDERDALE, FL 33316

NANCY SNELL (D) 512 NE 3RD AVENUE FT. LAUDERDALE, FL 33301

MARI BACON (D) P.O. BOX 771436 CORAL SPRINGS, FL 33071

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