

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005037

FILED
Apr 28, 2006
Secretary of State

Entity Name: SCHOOL NURSE PARTNERSHIP, INC.

Current Principal Place of Business:

623 A E. ATLANTIC BLVD
POMPAN0 BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6111
POMPAN0 BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0945431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOYCE, SUSAN
1362 N.W. 104TH DRIVE
CORAL SPRINGS, FL 33071 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: PD () Delete
Name: DAUGHERTY, RANDY RN
Address: 8205 S.W. 13TH STREET
City-St-Zip: N. LAUDERDALE, FL 33068

Title: TD () Delete
Name: LAMBDIN, CATHERINE
Address: 290 SE 10TH STREET
City-St-Zip: POMPAN0 BEACH, FL 33060

Title: SD () Delete
Name: BERRY, DEIRDRE
Address: 3770 NW 109TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD (X) Delete
Name: PALMA, LYNN ARNP
Address: 2501 NE 40TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D (X) Delete
Name: PALEY, DIANE R
Address: 9843 NW 18TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Delete
Name: WILDER, DERICK
Address: 1291 NW 105TH AVENUE
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TDSD (X) Change () Addition
Name: LAMBDIN, CATHERINE
Address: 290 SE 10TH STREET
City-St-Zip: POMPAN0 BEACH, FL 33060

Title: VD (X) Change () Addition
Name: BERRY, DEIRDRE
Address: 3770 NW 109TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33065

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

SIGNATURE: RANDY DAUGHERTY

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date