

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005037

FILED
Apr 12, 2007
Secretary of State

Entity Name: SCHOOL NURSE PARTNERSHIP, INC.

Current Principal Place of Business:

623 A E. ATLANTIC BLVD
POMPAÑO BEACH, FL 33060

New Principal Place of Business:

5447 NW 44TH WAY
COCONUT CREEK, FL 33073

Current Mailing Address:

POST OFFICE BOX 6111
POMPAÑO 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:

BOYCE, SUSAN
5447 NW 44TH WAY
COCONUT CREEK, FL 33073 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:

04/12/2007

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: FRITTS, MARY KAY ARNP
Address: 10289 NW 52 STREET
City-St-Zip: CORAL SPRINGS, FL 33076

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, RN

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date