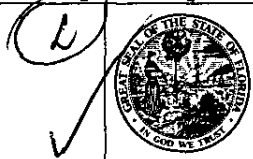


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 05, 2003 8:00 am**  
**Secretary of State**

0147821 AB

DOCUMENT # **F02000000993**



1. Entity Name  
**HEALTH CONSERVATION, INC.**

08-05-2003 90073 049 \*\*\*150.00

Principal Place of Business  
**810 EAST STATE STREET  
STE 206  
ROCKFORD IL 61104**

Mailing Address  
**810 EAST STATE STREET  
STE 206  
ROCKFORD IL 61104**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **37-1367062** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DROLLINGER, CYNTHIA  
5680 WILLIAMS DRIVE  
FORT MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DROLLINGER, CYNTHIA</b> <b>810 EAST STATE ST., STE 206</b> <b>ROCKFORD IL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JENSEONA, JERRY</b> <b>810 EAST STATE ST., STE 206</b> <b>ROCKFORD IL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JENSEMA, JERRY</b> <b>810 EAST STATE ST. STE 206</b> <b>ROCKFORD, IL 61104</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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 607, 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: **JERRY JENSEMA** 7-31-03 915-964-4444  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (4/03)



Attachment  
80136153  
702000000993

Health Conservation, Inc.  
810 East State Street • Rockford, Illinois 61104-1001 U.S.A.  
Phone 815/964-4465 • FAX 815/964-4469

August 1, 2003

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please be advised that our firm, Health Conservation, Inc. did not receive the preprinted forms to file the 2003 Uniform Business Report. As such, I respectfully request a waiver of the \$400 late penalty fee. In order to prevent this problem from happening in the future, we will sign up on your website for the email notification system which I understand will begin in 2004.

Enclosed is our completed report for 2003 along with our check, in the amount of \$150 to cover the original filing fee.

Thank you for your consideration.

Sincerely,

Jerry Jensen  
Vice President

Faint, illegible text at the bottom of the page, possibly a stamp or footer.