2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-05-2003 90073 049 ***150.00

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DOCUMENT # F02000000993 (L)

1. Entity Name
HEALTH CONSERVATION, INC.

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	☐ Delete
P DROLLINGER, CYNTHIA 810 EAST STATE ST., STE 206 ROCKFORD IL	
V JENSEONA, JERRY 810 EAST STATE ST., STE 206 ROCKFORD IL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
V JENSEMA, JERRY 810 EAST STATE ST. STE 206 ROCKFORD, IL 61104	☒ Change ☐ Addition

CR2E034 (4/03)

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: SIGNATURE REQUIRED Jerry Jenseema JERRY JENSEMA 7-31-03 815-964-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
801361153
F02000000993

HCI
National Mobile Health Programs

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 Jensema
Vice President