

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001720

**Entity Name:** COMMUNITY HEALTH CHARITIES, INC.

**Current Principal Place of Business:**

1240 NORTH PITT STREET  
ALEXANDRIA, VA 22314

**Current Mailing Address:**

1240 NORTH PITT STREET  
ALEXANDRIA, VA 22314

**FEI Number: 13-6167225**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Officer/Director Detail :**

Title CD  
Name DORSEY, FREDERICK J  
Address 3175 HANOVER STRET  
City-State-Zip: PALO ALTO CA 94304

Title VCD  
Name FINNEGAN, KERRY  
Address 155 N. WACKER DRIVE, 15TH FLOOR  
City-State-Zip: CHICAGO IL 60602

Title TD  
Name BURBRIDGE, CHARLES A  
Address 203 N LASALLE ST  
SUITE 2600  
City-State-Zip: CHICAGO IL 60601

Title PCEO  
Name BOGNANNO, THOMAS  
Address 1240 N. PITT ST., THIRD FLOOR  
City-State-Zip: ALEXANDRIA VA 22314

Title D  
Name BARFIELD, LEW  
Address 2117 NORTH 122ND STREET  
City-State-Zip: WAUWATOSA WI 53226

*I hereby 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 all other like empowered.*

**SIGNATURE: THOMAS BOGNANNO**

**PRESIDENT & CEO**

**04/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date