

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000005237

**Entity Name:** NATIONWIDE CHILDREN'S HOSPITAL CORP.

**Current Principal Place of Business:**

700 CHILDREN'S DRIVE  
COLUMBUS, OH 43205

**Current Mailing Address:**

700 CHILDREN'S DRIVE  
COLUMBUS, OH 43205 US

**FEI Number:** 31-4379441

**Certificate of Status Desired:** No

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

SICKLES, ROBERT E ESQ.  
201 NORTH FRANKLIN STREET, SUITE 3050  
TAMPA, FL 33602 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 CHRM  
Name FISCHER, ALEX  
Address 700 CHILDREN'S DRIVE  
City-State-Zip: COLUMBUS OH 43205

Title VCHR  
Name WALKER, KIRT  
Address 700 CHILDREN'S DRIVE  
City-State-Zip: COLUMBUS OH 43205

Title T  
Name BROWN, LUKE  
Address 700 CHILDREN'S DRIVE  
City-State-Zip: COLUMBUS OH 43205

Title S  
Name COMER, RHONDA  
Address 700 CHILDREN'S DRIVE  
City-State-Zip: COLUMBUS OH 43205

Title ASST. SECRETARY  
Name EVANS, SARA  
Address 700 CHILDREN'S DRIVE  
City-State-Zip: COLUMBUS OH 43205

*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:** SARA EVANS

**ASSISTANT SECRETARY** 04/18/2022

Electronic Signature of Signing Officer/Director Detail

Date