

2023 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:** Yes**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** 04/21/2023_____
Electronic Signature of Signing Officer/Director Detail_____
Date