

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821162

FILED
Apr 15, 2008
Secretary of State

Entity Name: SHRINERS HOSPITALS FOR CHILDREN, INC.

Current Principal Place of Business:

2900 ROCKY POINT DRIVE
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 31356
TAMPA, FL 33631356

New Mailing Address:

FEI Number: 36-2193608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BRACEWELL, GENE
Address: 1015 THIMBLEGATE CT
City-St-Zip: ALPHARETTA, GA 30022

Title: P () Delete
Name: SEMB, RALPH W
Address: 66 FRENCH KING HIGHWAY
City-St-Zip: ERVING, MA 01344

Title: VP () Delete
Name: BERNARD, LEMIEUX M.D.
Address: 649 FRONT STREET
City-St-Zip: PERRYSBURG, OH 43511

Title: D () Delete
Name: SEVERE, MICHAEL G
Address: 1798 ALPINE DRIVE
City-St-Zip: ERIE,, CO 80516

Title: D () Delete
Name: MADSEN, ALAN W
Address: 18410 BALMORE PINES LANE
City-St-Zip: CORNELIUS, NC 28031

Title: S () Delete
Name: TERRANCE, MCGUIRE
Address: 11515 WHISPER DEW
City-St-Zip: SAN ANTONIO, TX 78230

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DOUGLAS, MAXWELL
Address: 15148 ISLEVIEW DRIVE
City-St-Zip: CHESTERFIELD, MO 63017

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GEORGE, MITCHELL
Address: 2381 N. SERVICE STATION ROAD
City-St-Zip: JORDAN STATION, ON LOR 1S0 CA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RALPH W. SEMB

PRES

04/15/2008

Electronic Signature of Signing Officer or Director

Date