

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001441

FILED
May 02, 2007
Secretary of State

Entity Name: CHILD HEALTH CORPORATION OF AMERICA

Current Principal Place of Business:

6803 WEST 64TH STREET
SUTIE 208
SHAWNEE MISSION, KS 66202

New Principal Place of Business:

Current Mailing Address:

6803 WEST 64TH STREET
SUITE 208
SHAWNEE MISSION, KS 66202

New Mailing Address:

FEI Number: 52-1421302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: TOLMAN, RUSSELL
Address: 801 SEVENTH AVE.
City-St-Zip: FORT WORTH, TX 76104

Title: PD () Delete
Name: BLACK, DON C
Address: 6803 WEST 64TH STREET, #208
City-St-Zip: SHAWNEE MISSION, KS 66202

Title: VCFO () Delete
Name: FISCHER, CRAIG F
Address: 6803 WEST 64TH STREET, #208
City-St-Zip: SHAWNEE MISSION, KS 66202

Title: D () Delete
Name: TROY, PEGGY
Address: 50 NORTH DUNLAP
City-St-Zip: MEMPHIS, TN 38103

Title: D () Delete
Name: WORLEY, STEVE
Address: 200 HENRY CLAY DRIVE
City-St-Zip: NEW ORLEANS, LA 70118

Title: D () Delete
Name: DEARTH, JIM M.D.
Address: 1600 SEVENTH AVENUE SOUTH
City-St-Zip: BIRMINGHAM, AL 35233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: ALTSCHULER, STEVE
Address: 34TH STREET & CIVIC CENTER BLVD
City-St-Zip: PHILADELPHIA, PA 19104

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

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG F. FISCHER

VCFO

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date