2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F02000001441

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
SUTIE 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALTSCHULER, STEVE
Address: 34TH STREET & CIVIC CENTER BLVD
City-St-Zip: PHILADELPHIA, PA 19104

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: DAWES, CHRISTOPHER
Address: 725 WELCH ROAD
City-St-Zip: PALO ALTO, CA 94304

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

Title: D ( ) Delete
Name: GOLDBLOOM, ALAN M.D.
Address: 2525 CHICAGO AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: OXENDALE, ROGER
Address: 3705 FIFTH AVENUE, ROOM 2490 DESOTO WING
City-St-Zip: PITTSBURGH, PA 15213

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: CRAIF F. FISCHER VCFO 04/27/2009

Electronic Signature of Signing Officer or Director — Date