2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# F02000001441

Entity Name: CHILD HEALTH CORPORATION OF AMERICA

Current Principal Place of Business:

6803 WEST 64TH STREET
SHAWNEE MISSION, KS 66202

New Principal Place of Business:

Current Mailing Address:

6803 WEST 64TH STREET
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

OFFICERS AND DIRECTORS:

Title: D
Name: MANDELL, JAMES
Address: 300 LONGWOOD AVENUE
City-St-Zip: BOSTON, MA 02115

Title: PD
Name: WIETECHA, MARK
Address: 725 WYTHE STREET
City-St-Zip: ALEXANDRIA, WA 22314

Title: VCFO
Name: HUMPHREYS, BRIAN
Address: 6803 WEST 64TH STREET
City-St-Zip: SHAWNEE MISSION, KS 66202

Title: D
Name: GRAY, HERMAN
Address: 3901 BEAUBIEN BOULEVARD
City-St-Zip: DETROIT, MI 48201

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

Title: D
Name: MANSUE, AMY
Address: 200 SOMMERSET STREET
City-St-Zip: NEW BRUNSWICK, NJ 08901

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

SIGNATURE: BRIAN HUMPHREYS VCFO 04/24/2012

Electronic Signature of Signing Officer or Director Date