

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91448 012 \*\*\*150.00

0652451 AT

**DOCUMENT # F02000001441**

**1. Entity Name**  
**CHILD HEALTH CORPORATION OF AMERICA**



**Principal Place of Business**  
**6803 WEST 64TH STREET, #208**  
**SHAWNEE MISSION KS 66202**

**Mailing Address**  
**6803 WEST 64TH STREET, #208**  
**SHAWNEE MISSION KS 66202**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **52-1421302**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **CD** ☒ Delete  
**NAME** **SEXTON, J. DENNIS**  
**STREET ADDRESS** **801 SIXTH STREET SOUTH**  
**CITY-ST-ZIP** **ST. PETERSBURG FL 33701**

**TITLE** **STD** ☐ Change ☒ Addition  
**NAME** **TOLMAN, RUSSELL**  
**STREET ADDRESS** **801 SEVENTH AVENUE**  
**CITY-ST-ZIP** **FORT WORTH, TX 76104**

**TITLE** **PD** ☐ Delete  
**NAME** **BLACK, DON C**  
**STREET ADDRESS** **6803 WEST 64TH STREET, #208**  
**CITY-ST-ZIP** **SHAWNEE MISSION KS 66202**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **RICK MERRILL**  
**STREET ADDRESS** **3533 SOUTH ALAMEDA STREET**  
**CITY-ST-ZIP** **CORPUS CHRISTI, TX 78411**

**TITLE** **VCFO** ☐ Delete  
**NAME** **FISCHER, CRAIG F**  
**STREET ADDRESS** **6803 WEST 64TH STREET, #208**  
**CITY-ST-ZIP** **SHAWNEE MISSION KS 66202**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **JAMES ANDERSON**  
**STREET ADDRESS** **3333 BURNET AVE.**  
**CITY-ST-ZIP** **CINCINNATI, OH 45229-3039**

**TITLE** **D** ☐ Delete  
**NAME** **NOCE, WALTER** *Chairman*  
**STREET ADDRESS** **4650 SUNSET BLVD.**  
**CITY-ST-ZIP** **LOS ANGELES CA 90027**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **DORIS BIESTER**  
**STREET ADDRESS** **1056 EAST 19TH AVE.**  
**CITY-ST-ZIP** **DENVER, CO 80218**

**TITLE** **STD** ☒ Delete  
**NAME** **SADLER, BLAIR L**  
**STREET ADDRESS** **3020 CHILDREN'S WAY**  
**CITY-ST-ZIP** **SAN DIEGO CA 92123-4282**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **PATRICK MAGOON**  
**STREET ADDRESS** **2300 CHILDREN'S PLAZA**  
**CITY-ST-ZIP** **CHICAGO, IL 60614**

**TITLE** **D** ☐ Delete  
**NAME** **DEARTH, JIM M.D.**  
**STREET ADDRESS** **1600 SEVENTH AVENUE SOUTH**  
**CITY-ST-ZIP** **BIRMINGHAM AL 35233**

**TITLE** **D** ☐ Change ☐ Addition  
**NAME** **EDWIN ZECHMAN**  
**STREET ADDRESS** **111 MICHIGAN AVE NW**  
**CITY-ST-ZIP** **WASHINGTON, DC 20010**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED** **CRAIG F. FISCHER**

**4/22/03**

**(913) 262-1436**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)