## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000001194

Entity Name: CHILD HEALTH SYSTEMS, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

61 EAST MAIN STREET

STE 5

NORTON, MA 02766 US

Current Mailing Address: New Mailing Address:

61 EAST MAIN STREET STE 5

NORTON, MA 02766 US

FEI Number: 04-3149421 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEINBREN, DON B 2700 BARNETT PLAZA 101 E KENNEDY BLVD TAMPA, FL 33602 US WEINBREN, DON B ESQ 2700 BARNETT PLAZA 101 E KENNEDY BLVD TAMPA, FL 33602 US

(X) Change ( ) Addition

CALLOW, A. DANA DC

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: DON B. WEINBREN 05/01/2006

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 ( ).

election campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DC
 ( ) Delete
 Title:

 Name:
 CALLOW, A. DANA
 Name:

 Address:
 492 GLEN RD.
 Address:

 Address:
 492 GLEN RD.
 Address:
 492 GLEN RD.

 City-St-Zip:
 WESTON, MA 02193
 City-St-Zip:
 WESTON, MA 02193 US

Title: D () Delete Title: D (X) Change () Addition Name: OETKER, AREND D Name: OETKER, AREND D Address: BISMARKALLEE 22 BISMARKALLEE 22

City-St-Zip: BERKIN, GERMANY, D14193 City-St-Zip: BERLIN, GERMANY, GE D14193 GE

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition
Name: BARRY, STEPHEN T. Name: BARRY, STEPHEN T. DP

 Name:
 BARRY, STEPHEN T.
 Name:
 BARRY, STEPHEN T. DP

 Address:
 41 ELAIANE AVENUE
 Address:
 41 ELAINE AVENUE

 City-St-Zip:
 SAUGUS, MA 01906
 City-St-Zip:
 SAUGUS, MA 01906 US

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN T. BARRY PRES 05/01/2006