

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001194

Entity Name: CHILD HEALTH SYSTEMS, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

140 EAST MAIN STREET  
STE 4  
NORTON, MA 02766 US

## New Principal Place of Business:

## Current Mailing Address:

140 EAST MAIN STREET  
STE 4  
NORTON, MA 02766 US

## New Mailing Address:

FEI Number: 04-3149421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WEINBREN, DON B ESQ  
101 EAST KENNEDY BOULEVARD  
SUITE 2700  
TAMPA, FL 33602 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BARRY, STEPHEN T DP  
Address: 41 ELAINE AVENUE  
City-St-Zip: SAUGUS, MA 01906 US

Title: DO ( ) Delete  
Name: BEARD, DONALD DO  
Address: ONE RIVERCHASE PARKWAY SOUTH  
City-St-Zip: BIRMINGHAM, AL 35244 US

Title: DO ( ) Delete  
Name: FERGUSON, TREY DO  
Address: ONE RIVERCHASE PARKWAY SOUTH  
City-St-Zip: BIRMINGHAM, AL 35244 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEPHEN T. BARRY

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date