

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001194

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** CHILD HEALTH SYSTEMS, INC.

**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:**

TK REGISTERED AGENT, INC.  
101 EAST KENNEDY BOULEVARD  
SUITE 2700  
TAMPA, FL 33602 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: DP  
Name: BARRY, STEPHEN T  
Address: 8509 BENJAMIN ROAD  
City-St-Zip: TAMPA, FL 33634 US

Title: DO  
Name: ANDERSON, JAMES G  
Address: 1445 E. PUTNAM AVENUE  
City-St-Zip: OLD GREENWICH, CT 06870 US

Title: DO  
Name: NEIDER, CALVIN A  
Address: 1445 E. PUTNAM AVENUE  
City-St-Zip: OLD GREENWICH, CT 06870 US

Title: DO  
Name: BLEVINS, MATTHEW W  
Address: 1445 E. PUTNAM AVENUE  
City-St-Zip: OLD GREENWICH, CT 06870 US

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: STEPHEN T. BARRY

DP

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date