

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000053

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF CHILDREN'S HOSPITALS, INC.

**Current Principal Place of Business:**

807 CHILDREN'S WAY  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

807 CHILDREN'S WAY  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 20-8305684      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FREEMAN, LARRY  
WOLFSON CHILDREN'S HOSPITAL  
800 PRUDENTIAL DRIVE  
JACKSONVILLE, FL 32207 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: P ( ) Delete  
Name: BLANCHARD, WILLIAM MD  
Address: 5153 NORTH NINTH AVE.  
City-St-Zip: PENSACOLA, FL 32504

Title: VP ( ) Delete  
Name: FREEMAN, LARRY  
Address: 800 PRUDENTIAL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ST ( ) Delete  
Name: SWANSON, MARK MD  
Address: 92 W. MILLER STREET  
City-St-Zip: ORLANDO, FL 32806

Title: PP ( ) Delete  
Name: AUBIN, MICHAEL  
Address: 3001 WEST MARTIN LUTHER KING BLVD.  
City-St-Zip: TAMPA, FL 33607

Title: ED ( ) Delete  
Name: FERRELL, DANA  
Address: 807 CHILDREN'S WAY  
City-St-Zip: JACKSONVILLE, FL 32207

**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:

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

SIGNATURE: DANA FERRELL

ED

04/27/2009

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

\_\_\_\_\_  
Date