

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000053

FILED
Feb 16, 2010
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:

1650 MARGARET STREET,
SUITE 217
JACKSONVILLE, FL 32204 US

FEI Number: 20-8305684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: PP
Name: BLANCHARD, WILLIAM MD
Address: 5153 NORTH NINTH AVE.
City-St-Zip: PENSACOLA, FL 32504

Title: P
Name: FREEMAN, LARRY
Address: 800 PRUDENTIAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: ST
Name: BEAUCHESNE, NINA
Address: 1000 JOE DIMAGGIO DRIVE
City-St-Zip: HOLLYWOOD, FL 33021 US

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

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

SIGNATURE: DANA L. FERRELL

ED

02/16/2010

Electronic Signature of Signing Officer or Director

Date