2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000053

FILED Jan 07, 2011 Secretary of State

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

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

807 CHILDREN'S WAY JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

1650 MARGARET STREET, 1650 MARGARET STREET SUITE 217 SUITE 217

JACKSONVILLE, FL 32204 US 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: Name and Address of New Registered Agent:

FREEMAN, LARRY WOLFSON CHILDREN'S HOSPITAL 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PP

 Name:
 FREEMAN, LARRY

 Address:
 800 PRUDENTIAL DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: P

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

Title: VP

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

Title: ST

Name: LEE, RANDALL

Address: 8900 NORTH KENDALL DR. City-St-Zip: MIAMI, FL 33176 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 01/07/2011