2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000053

FILED Jan 10, 2012 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 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: Name and Address of New Registered Agent:

FREEMAN, LARRY
WOLFSON CHILDREN'S HOSPITAL
800 PRUDENTIAL DRIVE
JACKSONVILLE, FL 32207 US
FERRELL, DANA L
NEMOURS CHILDREN'S CLINIC
807 CHILDREN'S WAY
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.

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SIGNATURE: DANA L. FERRELL 01/10/2012

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:
 NACKASHI, JOHN MD

 Address:
 1701 SW 16TH AVE

 City-St-Zip:
 GAINESVILLE, FL 32608 US

Title: ED

 Name:
 FERRELL, DANA

 Address:
 807 CHILDREN'S WAY

 City-St-Zip:
 JACKSONVILLE, FL 32207 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANA L. FERRELL ED 01/10/2012