2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S90326

Entity Name: CHILDREN'S HOSPITAL SERVICES, INC.

Apr 11, 2011 Secretary of State

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

1613 NORTH HARRISON PARKWAY

SUITE 200

SUNRISE, FL 33323

New Mailing Address: Current Mailing Address:

1613 NORTH HARRISON PARKWAY

SUITE 200

SUNRISE, FL 33323 US

FEI Number: 65-0295698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARTUS, JAY A 1613 NORTH HARRISON PARKWAY SUITE 200 SUNRISE, FL 33323 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: CEOD

EISENBERG, MITCHELL Name:

1613 NORTH HARRISON PARKWAY, SUITE 200 Address:

City-St-Zip: SUNRISE, FL 33323 US

Title:

Name: GOLD. LEWIS

1613 NORTH HARRISON PARKWAY, SUITE 200 Address:

SUNRISE, FL 33323 US City-St-Zip:

Title: PD

COWARD, ROBERT Name:

1613 NORTH HARRISON PARKWAY, SUITE 200 Address:

City-St-Zip: SUNRISE, FL 33323 US

Title: **EVPS**

MARTUS, JAY A Name:

Address: 1613 NORTH HARRISON PARKWAY, SUITE 200

City-St-Zip: SUNRISE, FL 33323 US

Title: CFO

Name: WALTER, MARK

1613 NORTH HARRISON PARKWAY, SUITE 200 Address:

City-St-Zip: SUNRISE, FL 33323

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: JAY A. MARTUS **EVPS** 04/11/2011