2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 29, 2020
Secretary of State
0961847812CC

DOCUMENT# 708088

Entity Name: JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC.

Current Principal Place of Business:

501 6TH AVE S
ST PETERSBURG, FL 33701

Current Mailing Address:

501 6TH AVE S
ST PETERSBURG, FL 33701

FEI Number: 59-0683252

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CREWS, KEVIN
501 6TH AVE S
ATTN: LEGAL, MAILBOX 6500002700
ST PETERSBURG, FL 33701 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: KEVIN CREWS 10/29/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	KMETZ, THOMAS
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	VP
Name	HANCOCK, NICKI
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	VP, CFO
Name	THERIAC, GERAD
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	VP
Name	GREEN, ANGELA
Address	501 6TH AVE S
City-State-Zip:	ST. PETERSBURG FL 33701

Title	VP
Name	PERNO, JOSEPH MD
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	VP
Name	BERFIELD, KIMBERLY
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

Title	VP
Name	MACOGAY, MELISSA
Address	501 6TH AVE S
City-State-Zip:	ST PETERSBURG FL 33701

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: THOMAS KMETZ PRESIDENT 10/29/2020

Electronic Signature of Signing Officer/Director Detail — Date