2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2013
Secretary of State
CC5752884471

DOCUMENT# F09000005269

Entity Name: CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION, INC.

Current Principal Place of Business:

1600 TULLIE CIRCLE NE
ATLANTA, GA 30329

Current Mailing Address:

1687 TULLIE CIRCLE NE
ATLANTA, GA 30329

FEI Number: 58-1710601

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Officer/Director Detail :

Title	P
Name	HAYES, EUGENE A III
Address	1600 TULLIE CIRCLE
City-State-Zip:	ATLANTA GA 30329

Title	S
Name	BRIDGES, TONJA
Address	1577 NE EXPRESSWAY PARK NORTH
City-State-Zip:	ATLANTA GA 30329

Title	D
Name	OGBURN, CHARLES H
Address	3807 VERMONT ROAD, NE
City-State-Zip:	ATLANTA GA 30319

Title	VP OF FINANCE
Name	BREMS, TOM
Address	1584 TULLIE CIRCLE NE
City-State-Zip:	ATLANTA GA 30329

Title	T
Name	FOWLER, RUTH
Address	1600 TULLIE CIRCLE
City-State-Zip:	ATLANTA GA 30329

Title	AS
Name	JONES, LESLIE
Address	1711 TULLIE CIRCLE NE
City-State-Zip:	ATLANTA GA 30329

Title	D
Name	HOLDER, THOMAS M
Address	3333 RIVERWOOD PKWY SE STE 400
City-State-Zip:	ATLANTA GA 30339

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: TOM BREMS VP OF FINANCE 04/19/2013

Electronic Signature of Signing Officer/Director Detail — Date