2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: NATIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY, INCORPORATED

Current Principal Place of Business:

30 WINTER STREET, 6TH FLOOR
BOSTON, MA 02108

Current Mailing Address:

30 WINTER STREET, 6TH FLOOR
BOSTON, MA 02108 US

FEI Number: 01-0647374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CABALLERO, CHRISTIAN
106 EAST COLLEGE AVE, SUITE 900
TALLAHASSEE, FL 32312 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	CEO
Name	BERNS, SCOTT D
Address	30 WINTER STREET, 6TH FLOOR
City-State-Zip:	BOSTON MA 02108

Title	DIRECTOR
Name	O'GORMAN, SCOTT
Address	30 WINTER STREET, 6TH FLOOR
City-State-Zip:	BOSTON MA 02108

Title	DIRECTOR
Name	GLEESON, SEAN
Address	30 WINTER STREET, 6TH FLOOR
City-State-Zip:	BOSTON MA 02108

Title	DIRECTOR
Name	JOHNSON, CALVIN
Address	30 WINTER STREET, 6TH FLOOR
City-State-Zip:	BOSTON MA 02108

Title	COO
Name	GOODING, JUDITH S
Address	30 WINTER STREET, 6TH FLOOR
City-State-Zip:	BOSTON MA 02108

Title	DIRECTOR
Name	ACEVEDO-GARCIA, DOLORES
Address	30 WINTER STREET, 6TH FLOOR
City-State-Zip:	BOSTON MA 02108

Title	DIRECTOR
Name	HURLEY, ELIZABETH
Address	30 WINTER STREET, 6TH FLOOR
City-State-Zip:	BOSTON MA 02108

Title	DIRECTOR
Name	POLA-MONEY, GINA
Address	30 WINTER STREET, 6TH FLOOR
City-State-Zip:	BOSTON MA 02108

Continues on page 2

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: JUDITH S. GOODING — CHIEF OPERATING OFFICER — 03/22/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SERRARO, GREGORY
Address	30 WINTER STREET, 6TH FLOOR
City-State-Zip:	BOSTON MA 02108

Title	DIRECTOR
Name	WARRING, WENDY
Address	30 WINTER STREET, 6TH FLOOR
City-State-Zip:	BOSTON MA 02108