2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2024
Secretary of State
7358725006CC

DOCUMENT# F16000002266

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

Current Principal Place of Business:

308 CONGRESS STREET, 5TH FLOOR
BOSTON, MA 02210

Current Mailing Address:

308 CONGRESS STREET, 5TH FLOOR
BOSTON, MA 02210 US

FEI Number: 01-0647374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CABALLERO, CHRISTIAN
4316 GREAT OAKS LANE
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.

SIGNATURE: CHRISTIAN CABALLERO 04/04/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO	Title	COO
Name	BERNS, SCOTT D	Name	BROOKS, HEIDI
Address	308 CONGRESS STREET, 5TH FLOOR	Address	308 CONGRESS STREET, 5TH FLOOR
City-State-Zip:	BOSTON MA 02210	City-State-Zip:	BOSTON MA 02210
Title	DIRECTOR	Title	DIRECTOR
Name	O'GORMAN, SCOTT	Name	HURLEY, ELIZABETH
Address	308 CONGRESS STREET, 5TH FLOOR	Address	308 CONGRESS STREET, 5TH FLOOR
City-State-Zip:	BOSTON MA 02210	City-State-Zip:	BOSTON MA 02210
Title	DIRECTOR	Title	DIRECTOR
Name	DORAN, LAURIE	Name	SERRARO, GREGORY
Address	308 CONGRESS STREET, 5TH FLOOR	Address	308 CONGRESS STREET, 5TH FLOOR
City-State-Zip:	BOSTON MA 02210	City-State-Zip:	BOSTON MA 02210
Title	DIRECTOR	Title	DIRECTOR
Name	WARRING, WENDY	Name	REGUNBERG, MICHAL
Address	308 CONGRESS STREET, 5TH FLOOR	Address	308 CONGRESS STREET, 5TH FLOOR
City-State-Zip:	BOSTON MA 02210	City-State-Zip:	BOSTON MA 02210

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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: HEIDI BROOKS COO 04/04/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DR.
Name	COLLIER, CHARLENE
Address	308 CONGRESS ST FL 5
City-State-Zip:	BOSTON MA 02210

Title	DR.
Name	BETANCOURT, JEANETTE
Address	308 CONGRESS ST FL 5
City-State-Zip:	BOSTON MA 02210

Title	MS
Name	ROUSE, LATOSHIA
Address	308 CONGRESS ST FL 5
City-State-Zip:	BOSTON MA 02210