

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001441

Entity Name: CHILD HEALTH CORPORATION OF AMERICA**Current Principal Place of Business:**6803 WEST 64TH STREET
SHAWNEE MISSION, KS 66202**Current Mailing Address:**6803 WEST 64TH STREET
SHAWNEE MISSION, KS 66202**FEI Number:** 52-1421302**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CHAIRMAN
Name MANDELL, JAMES
Address 300 LONGWOOD AVENUE
City-State-Zip: BOSTON MA 02115

Title PRESIDENT
Name WIETECH, MARK
Address 725 WYTHE STREET
City-State-Zip: ALEXANDRIA WA 22314

Title CFO
Name HUMPHREYS, BRIAN
Address 6803 WEST 64TH STREET
City-State-Zip: SHAWNEE MISSION KS 66202

Title DIRECTOR
Name GRAY, HERMAN
Address 3901 BEAUBIEN BOULEVARD
City-State-Zip: DETROIT MI 48201

Title DIRECTOR
Name WORLEY, STEVE
Address 200 HENRY CLAY DRIVE
City-State-Zip: NEW ORLEANS LA 70118

Title DIRECTOR
Name MANSUE, AMY
Address 200 SOMMERSET STREET
City-State-Zip: NEW BRUNSWICK NJ 08901

Title VC
Name DUROVICH, CHRISTOPHER J.
Address 1935 MEDICAL DISTRICT DRIVE
City-State-Zip: DALLAS TX 75235

Title DIRECTOR
Name ALLEN, STEVEN J MD
Address 700 CHILDREN'S DRIVE
City-State-Zip: COLUMBUS OH 43205

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: D. BRIAN HUMPHREYS**CFO****04/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DAWES, CHRISTOPHER G.
Address 725 WELCH ROAD
MC 5551
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR
Name KMETZ, THOMAS D.
Address 231 EAST CHESTNUT STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name SHMERLING, JAMES E.
Address 13123 EAST 16TH AVENUE
B-020
City-State-Zip: AURORA CO 80045

Title DIRECTOR
Name DODERER, MARCY
Address 333 NORTH SANTA ROSA STREET
City-State-Zip: SAN ANTONIO TX 78207

Title DIRECTOR
Name WOLFSON, KAREN R
Address 800 PRUDENTIAL DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name TROY, PEGGY
Address 9000 WEST WISCONSIN AVENUE
PO BOX 1997
City-State-Zip: MILWAUKEE WI 53201