

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000001441

**Entity Name:** CHILD HEALTH CORPORATION OF AMERICA**Current Principal Place of Business:**16011 COLLEGE BLVD  
SUITE 250  
LENEXA, KS 66219**Current Mailing Address:**16011 COLLEGE BLVD  
SUITE 250  
LENEXA, KS 66219 US**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	PRESIDENT
Name	WIETECH, MARK
Address	600 13TH STREET NW
City-State-Zip:	WASHINGTON DC 20005

Title	VC
Name	FARRELL, MIKE
Address	4440 WEST 95TH STREET SUITE 1300P
City-State-Zip:	OAK LAWN IL 60453

Title	SECRETARY
Name	HAUSMANN, JENA
Address	13123 EAST 16TH AVENUE - B020
City-State-Zip:	AURORA CO 80045

Title	CHAIRMAN
Name	SPERRING, JEFF
Address	4800 SAND POINT WAY NE RB.2.419
City-State-Zip:	SEATTLE WA 98105

Title	TREASURER
Name	MOSS, LARRY
Address	10140 CENTURION PARKWAY NORTH
City-State-Zip:	JACKSONVILLE FL 32256

Title	CFAO
Name	HOGERTY, MICHELLE
Address	16011 COLLEGE BOULEVARD SUITE 250
City-State-Zip:	LENEXA KS 66219

*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: MICHELLE HOGERTY****CFAO****04/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date