

2025 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 COOK, MATT
Address 600 13TH STREET NW
City-State-Zip: WASHINGTON DC 20005

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

Title VC
Name RUSH , MARGARET MD
Address 2200 CHILDREN'S WAY
 2410
City-State-Zip: NASHVILLE TN 37242

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

Title SECRETARY
Name CHACON , CHANDA
Address 8200 DODGE STREET
City-State-Zip: OMAHA NE 68114

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

Title DIRECTOR
Name CHURCHWELL , KEVIN MD
Address 300 LONGWOOD AVE
City-State-Zip: BOSTON MA 02115

Title DIRECTOR
Name DOBBINS , CALLIE RN
Address 1000 BLYTHE BOULEVARD
 PO BOX 32861
City-State-Zip: CHARLOTTE NC 28232

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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: MICHELLE HOGERTY

CFAO

04/24/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FRIAS , PATRICIO A MD
Address 3020 CHILDREN'S WAY
MC 5069
City-State-Zip: SAN DIEGO CA 92123

Title DIRECTOR
Name ROBINSON , TIMOTHY
Address 700 CHILDREN'S DRIVE
City-State-Zip: COLUMBUS OH 43205

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

Title DIRECTOR
Name RILEY-BROWN , MICHELLE
Address 111 MICHIGAN AVE, NW
City-State-Zip: WASHINGTON DC 20010

Title DIRECTOR
Name SCHEURER, MARK MD
Address 10 MCLENNAN BANKS DRIVE
City-State-Zip: CHARLESTON SC 29425