

2019 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	WIETecha, MARK
Address	600 13TH STREET NW
City-State-Zip:	WASHINGTON DC 20005
Title	VICE-CHAIR
Name	CRiPE, KIMBERLY
Address	1201 WEST LAVETA AVENUE
City-State-Zip:	ORANGE CA 92868
Title	SECRETARY
Name	FENWICK, SANDRA
Address	300 LONGWOOD AVENUE
City-State-Zip:	BOSTON MA 02115

Title	CHAIR
Name	NEWMAN, KURT
Address	111 MICHIGAN AVENUE, NW
City-State-Zip:	WASHINGTON DC 20010
Title	TREASURER
Name	SPERRING, JEFF
Address	4800 SAND POINT WAY NE RB.2.419
City-State-Zip:	ORANGE CA 92868

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: MARK WIETecha**PRESIDENT****04/26/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date