

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007442

**Entity Name:** DANITA'S CHILDREN MEDICAL CENTER, INC.**Current Principal Place of Business:**201 5TH AVE. S.  
FRANKLIN, TN 37064**Current Mailing Address:**PO BOX 23270  
NASHVILLE, TN 37202 US**FEI Number:** 46-0725579**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HUDSON, KARRIS R  
808 CALABRIA DRIVE  
ALTAMONTE SPRINGS, FL 32714 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:** KARRIS R HUDSON

05/01/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name           ESTRELLA WATTS, DANITA M  
Address        PO BOX 23270  
City-State-Zip: NASHVILLE TN 37202

Title            TREASURER, SECRETARY,  
DIRECTOR  
Name           THOMAS, CINDY  
Address        PO BOX 23270  
City-State-Zip: NASHVILLE TN 37202

Title            VP, DIRECTOR  
Name           SWANSON, DALE  
Address        PO BOX 23270  
City-State-Zip: NASHVILLE TN 37202

Title            DIRECTOR  
Name           BOWIE, SHEREE  
Address        PO BOX 23270  
City-State-Zip: NASHVILLE TN 37202

*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:** DANITA ESTRELLA WATTS

PRESIDENT

05/01/2020

Electronic Signature of Signing Officer/Director Detail

Date