

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007442

Entity Name: DANITA'S CHILDREN MEDICAL CENTER, INC.

Current Principal Place of Business:

5950 HAZELTINE NATIONAL DR.
STE. 510
ORLANDO, FL 32822

Current Mailing Address:

5950 HAZELTINE NATIONAL DR.
STE. 510
ORLANDO, FL 32822 US

FEI Number: 46-0725579

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAWYER, ROXANNE
5950 HAZELTINE NATIONAL DR.
STE. 510
ORLANDO, FL 32822 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 ESTRELLA WATTS, DANITA
Address 5950 HAZELTINE NATIONAL DR.
 STE. 510
City-State-Zip: ORLANDO FL 32822

Title TREASURER/SECRETARY
Name THOMAS, CINDY
Address 331 SOUTH FLORIDA AVENUE
 STE. 2A
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name BOWIE, SHEREE
Address 4052 SOUTHMONT DR.
City-State-Zip: ROANOKE VA 24014

Title DIRECTOR
Name CROW, MARK
Address 4300 N MACARTHUR BLVD
City-State-Zip: OKLAHOMA CITY OK 73122

Title DIRECTOR
Name WATTS, JOHN
Address 5950 HAZELTINE NATIONAL DR.
 STE. 510
City-State-Zip: ORLANDO FL 32822

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

04/10/2013

Electronic Signature of Signing Officer/Director Detail

Date