## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007442

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

FILED
Apr 30, 2015
Secretary of State
CC2134895597

## **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:

SCOTT, KATHRYN L 5950 HAZELTINE NATIONAL DR. STE. 510

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: KATHRYN L SCOTT 04/30/2015

Electronic Signature of Registered Agent Date

City-State-Zip:

Officer/Director Detail:

Title PRESIDENT Title TREASURER/SECRETARY

Name ESTRELLA WATTS, DANITA Name THOMAS, CINDY

Address 5950 HAZELTINE NATIONAL DR. Address 5950 HAZELTINE NATIONAL DR.

STE. 510 STE. 510

City-State-Zip: ORLANDO FL 32822 City-State-Zip: ORLANDO FL 32822

Title DIRECTOR Title DIRECTOR

Name WATTS, JOHN Name BOWIE, SHEREE

Address 5950 HAZELTINE NATIONAL DR. Address 5950 HAZELTINE NATIONAL DR.

STE. 510 STE. 510

Title DIRECTOR

ORLANDO FL 32822

Name CROW, JENNIFER

City-State-Zip:

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** 

ORLANDO FL 32822

04/30/2015