

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007442

Entity Name: DANITA'S CHILDREN MEDICAL CENTER, INC.**Current Principal Place of Business:**611 COMMERCE STREET
THE TOWER SUITE 2720
NASHVILLE, TN 37203**Current Mailing Address:**PO BOX 23270
NASHVILLE, TN 37202 US**FEI Number:** 46-0725579**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RESTAINO, CAROL 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:** CAROL R. RESTAINO

01/25/2016

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 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

Title DIRECTOR
Name WATTS, JOHN
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 M. ESTRELLA WATTS, BY JARED O.
HODGE, J.D., CPA**PRESIDENT**

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date