

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000015625

**Entity Name:** CHILDRENS HEALTH CENTER, INC.

**Current Principal Place of Business:**

11464 N. 53RD STREET  
TAMPA, FL 33617

**Current Mailing Address:**

11464 N. 53RD STREET  
TAMPA, FL 33617

**FEI Number:** 59-3698701

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

YAKUBU, ELIZABETH  
11464 N. 53RD STREET  
TAMPA, FL 33617 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 PSTD  
Name YAKUBU, ELIZABETH  
Address 5016 LONDONBERRY DR.  
City-State-Zip: TAMPA FL 33637

*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:** ELIZABETH YAKUBU

PSTD

04/05/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date