2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P01000015625

Entity Name: CHILDRENS HEALTH CENTER, INC.

Current Principal Place of Business:

10320 N. 56TH ST., STE. B
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

11464 N. 53RD STREET
TAMPA, FL 33617

Current Mailing Address:

10320 N. 56TH ST., STE. B
TEMPLE TERRACE, FL 33617

New Mailing Address:

11464 N. 53RD STREET
TAMPA, FL 33617

FEI Number: 59-3698701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YAKUBU, ELIZABETH
10320 N. 56TH ST., STE. B
TEMPLE TERRACE, FL 33617 US

Name and Address of New 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: ELIZABETH YAKUBU 04/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: YAKUBU, ELIZABETH
Address: 5016 LONDONBERRY DR.
City-St-Zip: TAMPA, FL 33637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH YAKUBU PSTD 04/27/2009
Electronic Signature of Signing Officer or Director Date