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 execut	ute this report as required by Chapter 607, Florida Statute	s; and that my name appears	
above, or on an attachment with all other like empowered.			
SIGNATURE: DANIEL M SACCAL	PRESIDENT	04/30/2025	

SIGNATURE: DANIEL M SACCAL

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P19000056127

Entity Name: CHILD CARE PROVIDERS, INC

#### **Current Principal Place of Business:**

4091 JONQUIL CR S PALM BEACH GARDENS, FL 33410

#### **Current Mailing Address:**

4091 JONQUIL CR S PALM BEACH GARDENS, FL 33410

## FEI Number: 84-2494974

# Name and Address of Current Registered Agent:

SACCAL, DANIEL M 4091 JONQUIL CR S PALM BEACH GARDENS, FL 33410 US

The above named entity submits this statement for the purpose of cha

SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	Р	Title	VP
Name	SACCAL, DANIEL M	Name	SACCAL, KIMBERLY M
Address	4091 JONQUIL CR S	Address	4091 JONQUIL CR S
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410

hanging its registered office or registered agent, or both, in the State of Florida.	

Secretary of State
8087739886CC

Certificate of Status Desired: No

FILED Apr 30, 2025

Date

Date