

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003662

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: NEW DAWN WOMEN'S CLINIC, INC.

## Current Principal Place of Business:

7028 ARBOR CT.  
WINTER PARK, FL 32792

## New Principal Place of Business:

## Current Mailing Address:

7028 ARBOR CT.  
WINTER PARK, FL 32792

## New Mailing Address:

FEI Number: 05-0571419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, CATHERINE A  
7028 ARBOR CT  
WINTER PARK, FL 32792 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JOHANSEN, HOLLY  
Address: 2727 OXFORD ST  
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Delete  
Name: SMITH, CATHERINE A  
Address: 7028 ARBOR CT  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: CHRISHAM, DIANNE RN  
Address: 2625 UNIVERSITY ACRES  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: GOODARD, DANIEL M.D.  
Address: 5575 SCMARAN BLVD #23  
City-St-Zip: ORLANDO, FL 32822

Title: S ( ) Delete  
Name: MARSHALL, LEIGH  
Address: 3099 METRO SEVILLE DR UNIT 106  
City-St-Zip: ORLANDO, FL 32835

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ROSVIK, HOLLY  
Address: 2727 OXFORD ST  
City-St-Zip: ORLANDO, FL 32803

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

Title: D (X) Change ( ) Addition  
Name: CHRISTIAN, DIANNE RN  
Address: 2625 UNIVERSITY ACRES  
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Change ( ) Addition  
Name: GODDARD, DANIEL M.D.  
Address: 5575 SEMARON BLVD #23  
City-St-Zip: ORLANDO, FL 32822

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

Title: PRES ( ) Change (X) Addition  
Name: MIDDLETON, MARGARET  
Address: 355 STEAMVIEW WAY  
City-St-Zip: WINTER SPRINGS, FL 32708

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE SMITH

VP

04/26/2009

Electronic Signature of Signing Officer or Director

Date