2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2011
Secretary of State

DOCUMENT# N03000003662

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 (X)**

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
Name: ROSVIK, HOLLY
Address: 3063 STANFIELD AVE.
City-St-Zip: ORLANDO, FL 32814

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

Title: SEC
Name: CHRISTIAN, DIANNE RN
Address: 2625 UNIVERSITY ACRES
City-St-Zip: ORLANDO, FL 32817

Title: TREA
Name: GRASS, JOANNE
Address: 9872 SUNDERSON ST.
City-St-Zip: ORLANDO, FL 32825

Title: D
Name: ROSVIK, SVERRE
Address: 3063 STANFIELD AVE.
City-St-Zip: ORLANDO, FL 32814

Title: PRES
Name: MIDDLETON, MARGARET
Address: 355 STEAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

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: CATHERINE SMITH VP 01/17/2011
Electronic Signature of Signing Officer or Director Date