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AMENDED

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
07 APR -5 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000009699

1. Entity Name
OPEN DOOR HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
1350 SW 4TH STREET HOMESTEAD, FL 33030	1350 SW 4TH STREET HOMESTEAD, FL 33030

03022007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 83-0375996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOTO, NILDA 1350 SW 4TH STREET HOMESTEAD, FL 33030	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Nilda [illegible] 3/3/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO Chief Operating Officer SOTO, NILDA I 1350 SW 4TH STREET HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Vice President Zieggler, Harvey 1350 Sw 4th Street Homestead, Florida 33030	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Vice President YANKOW, NANCY 1350 SW 4 ST HOMESTEAD, FL 33030	☒ Delete X	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Secretary Yankow, Nancy 1350 SW 4th Street Homestead, Florida 33030	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P President SHELLHOUSE, DANNY 133 NE 19 ST HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Treasurer Yvette Zaragoza 1350 SW 4th Street Homestead, Florida 33030	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Treasurer PASTRAN, RAUL E 233 NE 8 ST HOMESTEAD, FL 33030	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M member Sanchez, Marta 1350 SW 4th Street Homestead, Florida 33030	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Secretary SANCHEZ, MARTHA A 1350 SW 4 ST HOMESTEAD, FL 33030	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nilda [illegible] 3/3/07 305-246-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #