2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N03000009699

Entity Name: OPEN DOOR HEALTH CENTER, INC.

Current Principal Place of Business:

1350 SW 4TH STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

1350 SW 4TH STREET
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 83-0375996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOTO, NILDA
1350 SW 4TH STREET
HOMESTEAD, FL 33030 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: COO ( ) Delete
Name: SOTO, NILDA I
Address: 1350 SW 4TH STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: S ( ) Delete
Name: YANKOW, NANCY
Address: 1350 SW 4 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: P ( ) Delete
Name: SHELLHOUSE, DANNY
Address: 133 NE 19 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: T ( ) Delete
Name: ZARAGOZA, YVETTE
Address: 18114 SW 143 PLACE
City-St-Zip: MIAMI, FL 33177

Title: V ( ) Delete
Name: ZIEGGLER, HARVEY
Address: 41 JOLLY ROGER DR
City-St-Zip: KEY LARGO, FL 33037

Title: M (X) Delete
Name: SANCHEZ, MARTA
Address: 1350 SW 4TH STREET
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: YANKOW, NANCY
Address: 1350 SW 4 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: P (X) Change ( ) Addition
Name: MENENDEZ, GERARDO R
Address: 1350 SW 4 ST
City-St-Zip: HOMESTEAD, FL 33030

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

Title: S (X) Change ( ) Addition
Name: SHELLHOUSE, DANNY
Address: 1350 SW 4 ST
City-St-Zip: MIAMI, FL 33030

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

SIGNATURE: NILDA I SOTO COO 01/21/2009

Electronic Signature of Signing Officer or Director — Date