2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009699

FILED Jan 05, 2010 Secretary of State

Entity Name: OPEN DOOR HEALTH CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

1350 SW 4TH STREET 1350 SW 4TH STREET

HOMESTEAD, FL 33030 HOMESTEAD, FL 33030-682 0

Current Mailing Address: New Mailing Address:

1350 SW 4TH STREET 1350 SW 4TH STREET

HOMESTEAD, FL 33030 HOMESTEAD, FL 33030-682 0

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOTO, NILDA I MD 1350 SW 4TH STREET SOTO, NILDA I MD 1350 SW 4TH STREET

HOMESTEAD, FL 33030 US HOMESTEAD, FL 330306820 US

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: NILDA I SOTO, MD 01/05/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: COO

 Name:
 SOTO, NILDA I MD

 Address:
 1350 SW 4TH STREET

 City-St-Zip:
 HOMESTEAD, FL 33030-682 0

Title: VP

Name: YANKOW, NANCY Address: 1350 SW 4 ST

City-St-Zip: HOMESTEAD, FL 33030-682 0

Title: F

Name: MENENDEZ, GERARDO R

Address: 1350 SW 4 ST

City-St-Zip: HOMESTEAD, FL 33030-682 0

Title: T

 Name:
 ZARAGOZA, YVETTE

 Address:
 18114 SW 143 PLACE

 City-St-Zip:
 MIAMI, FL 33177

Title: S

Name: SHELLHOUSE, DANNY Address: 1350 SW 4 ST

City-St-Zip: MIAMI, FL 33030-682 0

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: NILDA I. SOTO, MD COO 01/05/2010