

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009699

FILED
Jan 05, 2012
Secretary of State

Entity Name: OPEN DOOR HEALTH CENTER, INC.

Current Principal Place of Business:

1350 SW 4TH STREET
HOMESTEAD, FL 33030 0

New Principal Place of Business:

Current Mailing Address:

1350 SW 4TH STREET
HOMESTEAD, FL 33030 0

New Mailing Address:

FEI Number: 83-0375996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOTO, NILDA I MD
1350 SW 4TH STREET
HOMESTEAD, FL 330306820 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: CEO
Name: SOTO, NILDA I MD
Address: 1350 SW 4TH STREET
City-St-Zip: HOMESTEAD, FL 33030 0

Title: P
Name: COLLAZO, YESENIA
Address: 1350 SW 4 ST
City-St-Zip: HOMESTEAD, FL 33030 0

Title: VP
Name: BAXTER, JO
Address: 1350 SW 4 ST
City-St-Zip: HOMESTEAD, FL 33030 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 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

MD

01/05/2012

Electronic Signature of Signing Officer or Director

Date