

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002338

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** OPEN HEARTS AND DOORS TO HEALTHCARE INC.

**Current Principal Place of Business:**

6719 NW 63RD WAY  
PARKLAND, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

6719 NW 63RD WAY  
PARKLAND, FL 33067

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

RAMOS, ILEANA  
6719 NW 63RD WAY  
PARKLAND, FL 33067 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: P  
Name: RAMOS, DONNA  
Address: 6719 NW 63RD WAY  
City-St-Zip: PARKLAND, FL 33067

Title: VP  
Name: RAMOS, ILEANA  
Address: 6719 NW 63RD WAY  
City-St-Zip: PARKLAND, FL 33067

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:** ILEANA RAMOS

VP

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date