

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001289

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** OPEN DOOR WOMEN'S CLINIC, INCORPORATED

**Current Principal Place of Business:**

1395 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1395 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

PO BOX 7146  
TALLAHASSEE, FL 32314

**FEI Number:** 59-3577270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WHITE, CHARLES  
1395 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301 US

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

COLLAZO, MIGUEL  
119 S. MONROE STREET, STE. 300  
TALLAHASSEE, FL 32301 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: MIGUEL COLLAZO

03/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MANGAN, LYNN  
Address: 9836 DULCE MARIA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D  
Name: COLLAZO, MIGUEL  
Address: 119 S. MONROE STREET, STE. 300  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: CAMRON, KIERA  
Address: 3173 BROCKTON WAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPS  
Name: MCGLYNN, ANN  
Address: 2906 ABBOTSFORD WAY  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: NIXON, JEAN  
Address: 621 VONCILE AVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D  
Name: WHITE, MIKE  
Address: 4090 FORSYTHE PARK CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32309

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: LYNN MANGAN

P

03/30/2010

Electronic Signature of Signing Officer or Director

Date