

PD1000072748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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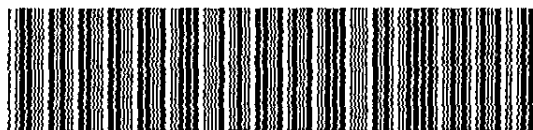
(Business Entity Name)

(Document Number)

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10/9/25/03

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OUTREACH HOME HEALTH OF DADE, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** P01000072748

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

ALAN GREENFIELD, ESQ.  
(Name of person)

LAW OFFICES  
(Name of firm/company)

15105 NW 77 AVENUE, SUITE 303  
(Address)

MIAMI LAKES, FL 33014  
(City/state and zip code)

For further information concerning this matter, please call:

WILLIAM GUTHRIE at ( 954 ) 938-3770  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.*

- FILED  
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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA