

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90001 040 \*\*\*158.75

**DOCUMENT # P01000073935**

1. Entity Name  
~~AMERICAN NURSING SERVICES OF MAITLAND, INC.~~

*NIC*  
*AM*

**OUTREACH HOME HEALTH OF ORLANDO, INC.**

Principal Place of Business      Mailing Address  
 2929 EAST COMMERCIAL BOULEVARD. #306      2929 EAST COMMERCIAL BOULEVARD. #306  
 FT. LAUDERDALE FL 33308      FT. LAUDERDALE FL 33308

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **P. O. Box 5208**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Ft. Lauderdale, Florida**  
 Zip      Country      Zip      Country  
 33308      Broward  
 33310



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**65-1130761**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name      **Leonard K. Samuels, Esq**  
 Street Address (P.O. Box Number is Not Acceptable)      **350 E Las Olas Blvd.**  
**Suite 1000**  
 City      **Ft. Lauderdale**      **FL**      Zip Code      **33301**

8. 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 *[Signature]*      DATE **4/16/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUTHRIE, WILLIAM</b> <b>2929 EAST COMMERCIAL BOULEVARD, #306</b> <b>FT. LAUDERDALE FL 33308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RALPH ROSENBERG</b> <b>2929 E Commercial Blvd., #507</b> <b>Ft. Lauderdale, FL 33308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STEVE DAVIS</b> <b>2929 E Commercial Blvd., #502</b> <b>Ft. Lauderdale, FL 33308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      **4-19-02**      **(954) 938-3770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

U3432285 AV

CR2E034 (9/01)