FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 08, 2002 8:00 am § Secretary of State DOCUMENT # P01000073981 1. Entity Name 05-08-2002 90001 042 ***158.72 AMERICAN NURSING SERVICES OF BROWARD, INC. OUTREACH HOME HEALTH OF BROWARD, INC. Principal Place of Business Mailing Address 2929 E. COMMERCIAL BOULEVARD 2929 E. COMMERCIAL BOULEVARD SUITE 306 SUITE 306 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address P. O. Box 5208 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Ft. Lauderdale, Florida 65-1130518 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33310 Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Leonard K. Samuels, Esq. CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET 350 E Las Olas Blvd. TALLAHASSEE FL 32301-2525 Suite 1000 Zip Code Ft. Lauderdale 33301 8. The above named entity sub or the purpose of changing its registered office or registered agent, or both, in the State of Florida ris statement SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition | NAME **GUTHRIE, WILLIAM** NAME RALPH ROSENBERG STREET ADDRESS 2929 E. COMMERCIAL BLVD. #306 STREET ADDRESS 2929 E Commercial Blvd., #507 CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP Ft. Lauderdale, FL 33308 TITLE ☐ Delete TITLE Change 🔼 Addition NAME NAME STEVE DAVIS STREET ADDRESS STREET ADDRESS 2929 E Commercial Blvd. #502 CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 33308 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: