

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-08-2002 90001 041 ***158.75

DOCUMENT # P01000079983

1. Entity Name

~~AMERICAN NURSING SERVICES OF WEST PALM BEACH, INC.~~

OUTREACH HOME HEALTH OF WEST PALM BEACH, INC.

Principal Place of Business

2929 E. COMMERCIAL BOULEVARD
 SUITE 507
 FORT LAUDERDALE FL 33308

Mailing Address

2929 E. COMMERCIAL BOULEVARD
 SUITE 507
 FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

P. O. Box 5208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, Florida

Zip

Country

Zip

Country

33310

Broward

4. FEI Number

65-1130522

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **GUTHRIE, WILLIAM**
 STREET ADDRESS **2929 E. COMMERCIAL BLVD. #507**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ Change ☒ Addition
 NAME **RALPH ROSENBERG**
 STREET ADDRESS **2929 E Commercial Blvd., #502**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
 NAME **STEVE DAVIS**
 STREET ADDRESS **2929 E Commercial Blvd., #507**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 (954) 938-3770

Date

Daytime Phone #

CR2E034 (9/01)