

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90140 017 \*\*\*150.00

**DOCUMENT # P01000079983**

1. Entity Name  
**OUTREACH HOME HEALTH OF WEST PALM BEACH, INC.**



Principal Place of Business  
**2929 E. COMMERCIAL BOULEVARD  
SUITE 507  
FORT LAUDERDALE FL 33308**

Mailing Address  
**P.O. BOX 5208  
FORT LAUDERDALE FL 33310**

2. Principal Place of Business  
**2000 Centrepark Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 300**

City & State  
**West Palm Beach, FL**

City & State

Zip  
**33409**

Country  
**Palm Beach**

Zip

Country

4. FEI Number **65-1130522**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMUELS, LEONARD K ESQ  
350 E LAS OLAS BLVD  
SUITE 1000  
FORT LAUDERDALE FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. 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 **DP** ☒ Change ☐ Addition  
NAME **William Guthrie**  
STREET ADDRESS **1501 NW 49 street**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE **D** ☐ Delete  
NAME **ROSENBERG, RALPH**  
STREET ADDRESS **2929 E COMMERCIAL BLVD # 502**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☒ Change ☐ Addition  
NAME **Ralph Rosenberg**  
STREET ADDRESS **1501 NW 49 Street**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE **P** ☒ Delete  
NAME **DAVIS, STEVE**  
STREET ADDRESS **2929 E COMMERCIAL BLVD # 502**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED William Guthrie**

**4/2/03**

**954-938-3770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)