2002 UNIFORM BUSINESS REPORT (UBR)

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

May 06, 2002 8:00 am Secretary of State P01000110267 DOCUMENT # 1. Entity Name OUTREACH HOME HEALTH, INC. 05-06-2002 90253 043 ***158.75 Principal Place of Business Mailing Address 2929 EAST COMMERCIAL BOULEVARD 2929 EAST COMMERCIAL BOULEVARD #507 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business O. Box 5208 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Ft. Lauderdale, Florida 4. FEI Number 65–1155367 Applied For City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33310 **Broward** Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 Suite 1000 Zip Code City Ft. Lauderdale 33301 statement for the purcose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submit SIGNATURE $_{\pm}$ 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Change ☐ Delete ħ **GUTHRIE, WILLIAM** NAME RALPH ROSENBERG STREET ADDRESS 2929 EAST COMMERCIAL BOULEVARD, #507 STREET ADDRESS 2929 E Commercial Blvd., #507 FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-7IP Ft. Lauderdale, FL 33308 ☐ Change ☐ Delete TITLE TITLE P NAME NAME STEVE DAVIS STREET ADDRESS STREET ADDRESS 2929 E Commercial Blvd., #502 CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdalê, FL 33308 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE MARAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

CR2E034 (9/01)

FILED