

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90037 003 \*\*\*150.00

**DOCUMENT # P01000110267**



1. Entity Name  
**OUTREACH HOME HEALTH, INC.**

Principal Place of Business  
**1501 NW 49 ST  
STE 201  
FORT LAUDERDALE, FL 33309**

Mailing Address  
**P.O. BOX 5208  
FT. LAUDERDALE, FL 33310**

**54027498**



2. Principal Place of Business  
**Suite 200**

3. Mailing Address

Suite, Apt. #, etc.

03302004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-1155367**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**GREENFIELD, ALAN ESQ  
15105 NW 77 AVENUE, SUITE 303  
MIAMI LAKES, FL 33014**

**7. Name and Address of New Registered Agent**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **GUTHRIE, WILLIAM**  
STREET ADDRESS **1501 NW 49 ST**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE **D** ☐ Delete  
NAME **ROSENBERG, RALPH**  
STREET ADDRESS **1501 NW 49 ST**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**/William Guthrie**

Date

**954-938-3770**

Daytime Phone #