
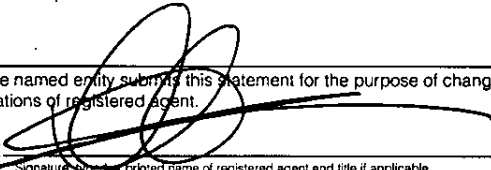
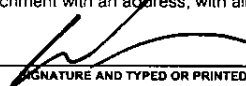


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90039 037 ***158.75

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1155367	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 Gary J Rotella, Esq. Street Address (P.O. Box Number is Not Acceptable) 200 E. Las Olas Blvd. Suite 1850 City Ft. Lauderdale FL Zip Code 33301-2299		
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  1/28/06 <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTHRIE, WILLIAM 1501 NW 49 ST FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, RALPH 1501 NW 49 ST FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			/William Guthrie <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			2/9/2006 <small>Date</small>		954-938-3770 <small>Daytime Phone #</small>