## PO1000110261

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified CopiesCertificates of Status				
Special Instructions to Filing Officer.				



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09/22/03-01014--002 \*\*735.00

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Rochange 10 April 25/03

## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: OUTREACH HOME HEALTH, INC.					
SUBJECT: OUTREACH HOME HEALTH, INC. (Name of corporation)					
DOCUMENT NUMBER: P01000110267					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filin					
Please return all correspondence concerning this matter to the following:					
ALAN GREENFIELD, ESQ. (Name of person)					
LAW OFFICES (Name of firm/company)					
(Name of firm/company)					
15105 NW 77 AVENUE, SUITE 303					
(Address)					
MIAMI LAKES, FL 33014  (City/state and zip code)					
For further information concerning this matter, please call:					
WILLIAM GUTHRIE					
WILLIAM GUTHRIE at (954) 938-3770  (Name of person) (Area code & daytime telephone number)					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399					

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED 'AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of sections 607.0502, 617.050	2, 607.1508, or 617.1	508, Florida Statutes,
	of change is submitted for a corporation orgin order to change its registered off		
of Florida.	v v v	•	,
1. The name of	the corporation: OUTREACH HOME HEALT	H, INC.	
	office address: 1501 NW 49 STREET, SUIT		LE, FL 33309
3. The mailing	address (if different): P. O. BOX 5208, FT. L	AUDERDALE, FL 3331	0
		· .	12. 22.
4. Date of incor	rporation/qualification: 11/16/2001	Document number	r: P01000110267
	nd street address of the current registered age artment of State:	nt and registered office	e on file with the
	JOEL MORRISON, ESQ.		
	1501 NW 49 STREET, SUITE 200	<del></del>	<del></del>
	FT. LAUDERDALE, FL 33309		
changed):	ALAN GREENFIELD, ESQ.  15105 NW 77 AVENUE, SUITE 303  (P.O. Box or personal mailbox NO	<b>r</b> acceptable)	
•	MIAMI LAKES, FL 33014		<del></del>
agent, as chang	ress of its registered office and the street adged will be identical.	-	
authorized by t	as authorized by resolution duly adopted be board, or the corporation has been notified.	ed in writing of the ch	lange.
(Signature of an office	WILL chairman or vice chairman of the board)	IAM GUTHRIE, PRES. (Printed or typed name and	Time)
I hereby accept I further agree performance of	t the appointment as registered agent and a to comply with the provisions of all statute f my duties, and I am familiar with and acc nt. Or, if this document is being filed merel I hereby confirm that the corporation has	igree to act in this cap is relative to the prope ent the obligation of n	acity. er and complete ev position as
Mal	officer .	8/26/03	- <u>- 2</u> 0
ff signing on beha	Signature of Registered Agent)  If of an entity:	(Date)	EP 22 PR
	Typed or Printed Name)	(Capacity)	THE R
	* * * FILING FEE: \$3	5.00 * * *	P. 29
	Make checks payable to Florida Departmen	r of State and Mail to:	SE S

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314