

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90256 042 \*\*\*158.75

0001281  
 AV

**DOCUMENT # P01000115053**

1. Entity Name

**OUTREACH HOME HEALTH OF JACKSONVILLE, INC.**

Principal Place of Business

**2929 E. COMMERCIAL BLVD., #306  
 FT. LAUDERDALE FL 33308**

Mailing Address

**2929 E. COMMERCIAL BLVD., #306  
 FT. LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

**P. O. Box 5208**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Ft. Lauderdale, Florida**

4. FEI Number

**30-0019298**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33310**

**Broward**

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **Leonard K. Samuels, Esq.**

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

**350 E Las Olas Blvd.**

**Suite 1000**

City

**Ft. Lauderdale**

**FL**

Zip Code

**33301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/16/02**

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

☐

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **GUTHRIE, WILLIAM**  
 STREET ADDRESS **2929 E. COMMERCIAL BLVD., #306**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
 NAME **RALPH ROSENBERG**  
 STREET ADDRESS **2929 E Commercial Blvd., #507**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE **P** ☐ Change ☒ Addition  
 NAME **STEVE DAVIS**  
 STREET ADDRESS **2929 E Commercial Blvd., #502**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**NOTARY REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-02 (954) 938-2770**

Date

Daytime Phone #

CR2E034 (9/01)