

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90256 041 \*\*\*158.75

**DOCUMENT # P01000120814**

1. Entity Name  
**OUTREACH MD, INC.**

Principal Place of Business  
**2929 E. COMMERCIAL BOULEVARD  
 SUITE 306  
 FT. LAUDERDALE FL 33308**

Mailing Address  
**2929 E. COMMERCIAL BOULEVARD  
 SUITE 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

**80-0003274**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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 East 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)

4/16/02

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GUTHRIE, WILLIAM	2929 E. COMMERCIAL BOULEVARD, SUITE 306	FT. LAUDERDALE FL 33308	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	RALPH ROSENBERG	2929 E. Commercial Blvd. #507	Ft. Lauderdale, FL 33308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	ROBERT A. MILLER	2929 E. Commercial Blvd., #502	Ft. Lauderdale, FL 33308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 (954)938-3770  
 Date Daytime Phone #

AV 0001 000

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE