

PO2000087384

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

PS 6/23/03
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OUTREACH HOME HEALTH MANAGEMENT SERVICES, INC.
(Name of corporation)

DOCUMENT NUMBER: P02000087384

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOEL MORRISON, ESQ.

(Name of person)

OUTREACH HOME HEALTH MANAGEMENT SERVICES, IN

(Name of firm/company)

1501 NW 49 STREET, SUITE 201

(Address)

FT. LAUDERDALE, FL 33309

(City/state and zip code)

For further information concerning this matter, please call:

JOEL MORRISON

(Name of person)

at (954) 938-3770, EXT. 104

(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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CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation: OUTREACH HOME HEALTH MANAGEMENT SERVICES, INC.

2. The principal office address: 1501 NW 49 STREET, SUITE 201
FT. LAUDERDALE, FL 33309

3. The mailing address (if different): P. O. BOX 5208, FT. LAUDERDALE, FL 33310

4. Date of incorporation/qualification: 08-13-2002 Document number: P02000087384

LEONARD K. SAMUELS, ESQ.

350 EAST LAS OLAS BLVD., SUITE 1000

FORT LAUDERDALE, FL 33301

JOEL MORRISON, ESQ.

1501 NW 49 STREET, SUITE 200

(P.O. Box or personal mailbox **NOT** acceptable)

FT. LAUDERDALE, FL 33309

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

WILLIAM GUTHRIE

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

(Date)

(Typed or Printed Name)

(Capacity)

*** * * FILING FEE: \$35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314