

P98000085627



1501 Northwest 49th Street • 2nd Floor
Fort Lauderdale Florida 33309-3784

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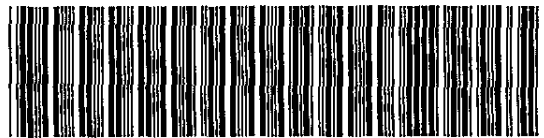
(Business Entity Name)

(Document Number)

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R.A. change

T BROWN DEC - 6 2005



November 15, 2005

**TO: Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314**

Subject: Outreach Senior Healthcare, Inc.

Document Number: P98000085627

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:

**William Guthrie
Outreach Senior Healthcare, Inc.
1501 NW 49 Street, Suite 200
Ft. Lauderdale, Florida 33309**

For further information concerning this matter, please call:

William Guthrie at 954-938-3770, Extension 103.

Enclosed is a \$35.00 check made payable to the Department of State.

Thank you,

A handwritten signature in black ink, appearing to be 'W. Guthrie', is written above the printed name.

**William Guthrie
President**

**WG/b
Enclosure**

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Outreach Senior Healthcare, Inc.
2. The principal office address: 1501 NW 49 Street, Suite 200
Ft. Lauderdale, FL 33309
3. The mailing address (if different): same
4. Date of incorporation/qualification: 10/6/1998 Document number: P98000085627
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Alan Greenfield, Esq.
15105 NW 77 Ave., Suite 303
Miami Lakes, FL 33014

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gary J. Rotella, Esq.
200 E. Las Olas Blvd., Suite 1850
(P.O. Box NOT acceptable)
Ft. Lauderdale, FL 33301-2299

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

(Signature of an officer or director)

William Guthrie, President
(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)

Nov. 21 2005
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)