2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

DOCUMENT

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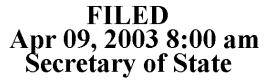
1. Entity Name

OUTREACH PROGRAMS; INC.

OUTREACH SENIOR HEALTHCARE, INC.

Principal Place of Business

Mailing Address



04-09-2003 90196 031 ***150.00

	OMMERCIAL BLVD. #306 RDALE FL 33308	PO BOX 5208 FT LAUDERDALE FL 3331	0			
2. Principal Pi	lace of Business	3. Mailing Address		[10071811 110 10781 10111 00111 00111 00111		
	W 49 Street					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF M.	AKING CHANGES	
Stuie		07 0 0 0		A 55(Mushan	Applied For	
City & State Ft.Lauderdale, FL		City & State		4. FEI Number 65-0868323	Not Applicable	
Zip	Country	Zip	Country		SR 75 Additional	
333	1		•	5. Certificate of Status Desired	Fee Required	
مسهرين دوس	6. Name and Address of Current	Registered Agent		7. Name and Address of New Regist	ered Agent	
			Name	Name		
SAMMUELS, LEONARD K ESQ			Street Address (P.O. Box Number is Not Acceptable)			
350 E LAS OLAS BLVD STE 1000			Order state to the state of the			
FORT LAU	JDERDALE FL 33301					
			City		FL Zip Code	
					• —]	
the obligati	ions of registered agent.			registered agent, or both, in the State of Florida. ure required when reinstating)	DATE	
Nake Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o			Election Campaign Financia Trust Fund Contribution.	☐ Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICER DP		
TITLE	DP Guthrie, William	☐ Delete	TITLE NAME	William Guthrie	Change	
NAME STREET ADDRESS	-2929 E COMMERCIAL BLVD #07	<u></u>	STREET ADDRESS	1501 NW 49 Street		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP	Ft. Lauderdale, FL 33309		
TITLE	VST	Delete	TITLE	S Min I. Damen	☐ Change ☆ Addition	
NAME	GREEN, MATTHEW	5000	NAME	Cathy J. Lerman		
STREET ADDRESS	2929 EAST COMMERCIAL BLVD	#507	STREET ADDRESS	1501 NW 49 Street, #200		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP	Ft. Lauderdale, FL 33309		
TITLE		☐ Delete	TITLE	D	☐ Change ☐ Addition	
NAME		و منهدی د	NAME	Ralph Rosenberg		
STREET ADDRESS			STREET ADDRESS	1501 NW 49 Street, #200		
CITY-ST-ZIP	,		CITY-ST-ZIP	Ft. Lauderdale, FL 33309		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP	·		CITY-ST-ZIP			
		□ Delete	TITLE		☐ Change ☐ Addition	
TITLE NAME		Theiste	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	en den alle 1977 en	☐ Delete	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	7	
CITY-ST-ZIP			CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PATURE REQUIRVIDIAM Guthrie

4/2/03

954*938-37700