P98000 857027

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



400020690254

06/18/03--01016--017 **35.00

D3 JUN 18 PH 3: 19

PS 6/23/03 NAKO

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: OUTREACH SENIOR HEALTHCARE, INC.
(Name of corporation)
DOCUMENT NUMBER: P98000085627
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
JOEL MORRISON, ESQ.
(Name of person)
OUTREACH SENIOR HEALTHCARE, INC.
(Name of firm/company)
1501 NW 49 STREET, SUITE 200
(Address)
FT. LAUDERDALE, FL 33309
(City/state and zip code)
For further information concerning this matter, please call:
JOEL MORRISON at (954) 938-3770, EXT. 104 (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

4 . e . e . s

TO: Amendment Section

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

Pursuant to the	provisions of se	ections 607.0502,	617.0502,	607.1508, or 617.	.1508, Flori	da Statute	S,
this statement o	f change is submi	itted for a corpora	tion organi	zed under the law	s of the Stat	e of	
FLORIDA	in order to	o change its regist	tered office	or registered age	ent, or both,		te
of Florida.					11	رة أ يّا	
1. The name of	the corporation:_	OUTREACH SENIO	OR HEALTH	HCARE, INC.		<u> </u>	-
2. The principal	office address:_	1501 NW 49 STRE	ET, SUITE	200	AS	- - - 	-
		FT. LAUDERDALE,	FL 33309	<u></u>	T.	TO R	Ī
3. The mailing	address (if differe	ent):_P. O. BOX 52	08, FT. LAL	DERDALE, FL 333	310	¹¹	_
				tan kanal		9 9	<u> </u>
4. Date of incor	poration/qualification	ation:10-06-199	98	_Document numb	er: P98000	0085627	
	d street address o	of the current regist	ered agent	and registered off	ice on file w	ith the	
	LEONARD K. S	AMUELS, ESQ.					
	350 EAST LAS	OLAS BLVD., SUIT	E 1000				
	FORT LAUDER	DALE, FL 33301					
6. The name a	nd street address	of the new regist	tered agent	(if changed) and	l /or register	ed office	(if
changed):	JOEL MORRISO	ON, ESQ.					
	1501 NW 49 STI	REET, SUITE 200	<u> </u>	9		-	
		(P.O. Box or personal r	mailbox NOT ac	ceptable)			
	FT. LAUDERDA	`					
The street addingent, as change	ess of its register ged will be identi	red office and the sical.	street addre	ess of the busines	s office of it	s registere	d
Such change wanthorized by	as authorized by the board, or the	resolution duly accorporation has be	dopted by i	ts board of directed in writing of the	ors or by an change.	officer so	
6	-	_		M GUTHRIE	-		-
· •	er, chairman or vice chair			(Printed or typed name	•		
I hereby accep I further agree performance o registered age office address,	t the appointmen to comply with t f my duties, and i nt. Or, if this do I hereby confirm	it as registered ago the provisions of a I am familiar with cument is being fil n that the corporat	ll statutes i and accep led merely tion has be	relative to the pro t the obligation o to reflect a chang en notified in wri	pper and conf f my position te in the region ting of this c	nplete n as istered change.	
	Moulson	·		0-16-03 (Date)	 _		
If signing on beha	Signature of Registered A	Agent)		(Date)			
it signing on neus	in or an entity.						
	(Typed or Printed Name))	·	(Capacity)			