

P98000085627

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
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 filing.

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)

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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TALLAHASSEE FLORIDA

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