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



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09/22/03--01014--002 \*\*735.00

## TRANSMITTĀL LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	JECT: OUTREACH SENIOR HEALTHCARE, INC. (Name of corporation)	
	• • • •	
DOC	UMENT NUMBER: P98000085627	
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
ALAN	N GREENFIELD, ESQ.	
LAW	(Name of person)  OFFICES  (Name of firm/company)  5 NW 77 AVENUE, SUITE 303  (Address)	T Į
	(Name of firm/company)	
15105	5 NW 77 AVENUE, SUITE 303	O
	(Address)	
MIAM	II LAKES, FL 33014	
	(City/state and zip code)	
For fu	orther information concerning this matter, please call:	
WILLI	IAM GUTHRIE 938-3770	
	(Name of person) at ( 954 ) 938-3770 (Area code & daytime telephone number)	
Enclos	sed is a \$35.00 check made payable to the Department of State.	
Amend Division P.O. B	ng Address: dment Section on of Corporations Ox 6327 assee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

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

this statement o	e provisions of sections 607.0302, of change is submitted for a corpor			
FLORIDA	in order to change its regi	stered office or reg	zistered agent, or b	oth, in the State
of Florida.	the corporation: OUTREACH SEN	IIOR HEALTHCARE	E, INC.	
	l office address: 1501 NW 49 STRI			_ 33309
z. The principa	Torrico actaress.			
3 The mailing	address (if different): P. O. BOX 5	208, FT. LAUDERD	ALE, FL 33310	<del></del>
J. The manning	address (II diricien).		**	
4. Date of incor	poration/qualification: 10/06/199	98 Docu	ment number: P9	8000085627
5. The name an	d street address of the current regis rtment of State: JOEL MORRISON, ESQ.		gistered office on fil	le with the
	1501 NW 49 STREET, SUITE 200	)		
	FT. LAUDERDALE, FL 33309	=======================================		
changed):	nd street address of the new regis  ALAN GREENFIELD, ESQ.  15105 NW 77 AVENUE, SUITE 303  (P.O. Box or personal MIAMI LAKES, FL 33014	=:		stered office (II
The street addr	ess of its registered office and the ed will be identical.	street address of th	ne business office o	of its registered
-	as authorized by resolution duly a he board, or the corporation has be	dopted by its board een notified in wri	d of directors or by ting of the change.	an officer so
		- WILLIAM GUTH	HRIE, PRES.	
I hereby accept I further agree performance of registered ager	t, chairman or vice chairman of the board)  t the appointment as registered ag  to comply with the provisions of a  my duties, and I am familiar with  nt. Or, if this document is being fil  I hereby confirm that the corporal	ent and agree to a ull statutes relative uand accept the ob led merely to reflec	to the proper and bligation of my posi ct a change in the i	ition as registered
<del></del>	Signature of Registered Agent)		(Date)	=, 0
If signing on beha	If of an entity:		· •	03 SE
	Typed or Printed Name)		(Capacity)	T P T
		FEE: \$35.00 * * *		PILED P22 PM ARY UT
	Make checks payable to Florida ) Division of Corporations, P.O. E			2: 5 51 A FLOA