

P9800008562.

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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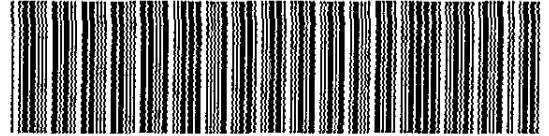
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Outreach Senior Healthcare, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000085627

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Cathy J. Lerman

(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:

William Guthrie

(Name of Person)

at ( 954 ) 938-3770

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida 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


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Cathy J. Lerman, hereby resign as Secretary  
(Title)

of Outreach Senior Healthcare, Inc.  
(Name of Corporation)

P98000085627, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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