

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90001 039 ***158.75

DOCUMENT # P99000104814

1. Entity Name

~~AMERICAN NURSING SERVICES HOME HEALTH CARE, INC.~~

Outreach Home Health of Treasure Coast, Inc.

Principal Place of Business

2929 E. COMMERCIAL BLVD.
 SUITE 503
 FT. LAUDERDALE FL 33308
 US

Mailing Address

2929 E. COMMERCIAL BLVD.
 SUITE 503
 FT. LAUDERDALE FL 33308
 US

2. Principal Place of Business

3201 West Commercial Blvd

Suite, Apt. #, etc.

Suite 134

City & State

Ft. Lauderdale, FL

Zip

33309

Country

Broward

3. Mailing Address

3201 West Commercial Blvd

Suite, Apt. #, etc.

Suite 134

City & State

Ft. Lauderdale, FL

Zip

33310

Country

Broward

4. FEI Number

65-1060529

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KORF, JOHN E

2929 E. COMMERCIAL BLVD.

SUITE 306

FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Leonard K. Samuels, Esq.

Street Address (P.O. Box Number is Not Acceptable)

350 E Las Olas Blvd.

Suite 1000

City

Ft. Lauderdale

FL

Zip Code
33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	GUTHRIE, WILLIAM	
STREET ADDRESS	2929 E. COMMERCIAL BLVD. # 306	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	V/S	<input checked="" type="checkbox"/> Delete
NAME	GREEN, MATTHEW H	
STREET ADDRESS	2929 E. COMMERCIAL BLVD. #503	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM GUTHRIE	
STREET ADDRESS	2929 E Commercial Blvd., #306	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH ROSENBERG	
STREET ADDRESS	2929 E Commercial Blvd., #507	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE DAVIS	
STREET ADDRESS	2929 E Commercial Blvd., #507	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

Date

(954) 938-3770

Daytime Phone #

CR2E034 (9/01)