

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90003 006 ***158.75

DOCUMENT # P97000042191

1. Entity Name
SPECIALIZED NURSING SERVICES II, INC.

Principal Place of Business
**633 NE 167TH ST
 SUITE 601
 NORTH MIAMI BEACH FL 33162**

Mailing Address
~~**633 NE 167TH ST
 SUITE 601
 NORTH MIAMI BEACH FL 33162**~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17011 NE 6th Ave
 Suite, Apt. #, etc.
N.M.B.
 City & State
FL 33162

3. Mailing Address
Suz
 Suite, Apt. #, etc.
 City & State

4. FEI Number **65-0753027** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**DUBROW DUKER & ASSOCIATES, P.A.
 2840 UNIVERSITY DR
 CORAL SPRINGS FL 33085**

7. Name and Address of New Registered Agent
 Name **Marjorie Kellier - Garvey**
 Street Address (P.O. Box Number is Not Acceptable)
17011 NE 6th Ave
N.M.B. #
 City **FL** Zip Code **33162**

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 DATE **4/21/01**
Signature, typed or printed name of registered agent and title, if applicable. (NOT Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KELLIER, MARJORIE 17011 NE 6th Ave 633 NE 167TH ST SUITE 601 N.M.B. FL NORTH MIAMI BEACH FL 33162 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **4/21/01** Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)