


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90021 021 \*\*\*158.75

**DOCUMENT # P97000042191**

1. Entity Name  
**SPECIALIZED NURSING SERVICES II, INC.**



Principal Place of Business Mailing Address

**17011 NE 6 AVENUE NORTH MIAMI BEACH, FL 33162**  
*4182 Traylor Ave Hollywood FL 33026*

**17011 NE 6 AVENUE NORTH MIAMI BEACH, FL 33162**  
*4182 Traylor Ave Hollywood FL 33026*

**24019130**



03062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3. Mailing Address

*4182 Traylor Ave Hollywood FL 33026*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

*Hollywood FL Hollywood FL*

Zip Country Zip Country

*33026 Broward 33026 Broward*

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

**KELLIE-GARVEY, MARJORIE**  
**17011 NE 6TH AVENUE**  
**NORTH MIAMI BEACH, FL 33162**

7. Name and Address of New Registered Agent

Name *MARJORIE KELLIE-GARVEY*

Street Address (P.O. Box Number is Not Acceptable) *4182 Traylor Ave*

City *Hollywood* FL Zip Code *33026*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE *3/16/05*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KELLIER, MARJORIE</b>	
STREET ADDRESS	<b>17011 NE 6 AVENUE</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33162</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *3/16/05*

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARJORIE KELLIER** Daytime Phone # *3056325472*