

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L91263

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

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

05-24-2001 90494 006 \*\*\*150.00

Principal Place of Business

633 NE 167 STREET  
SUITE 601  
NORTH MIAMI BEACH FL 33162  
US

Mailing Address

633 NE 167 STREET  
SUITE 601  
NORTH MIAMI BEACH FL 33162  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

17011 NE 6 Ave  
Suite, Apt. #, etc.

17011 NE 6 Ave  
Suite, Apt. #, etc.

City & State

N M B F

City & State

N M B F

Zip

33162

Country

Dele

Zip

33162

Country

Dele

4. FEI Number 65-0227419

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, ERIC R  
17727 MW 62 PL NORTH  
HIALEAH FL 33015

7. Name and Address of New Registered Agent

Name: MARJORIE M. KELLER - GRUBER  
Street Address (P.O. Box Number is Not Acceptable): 17011 NE 6 Ave  
City: N.M.B. 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: [Signature]  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/01

DATE

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

**FILE NOW!**  
**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	D	<input type="checkbox"/> Delete
NAME	KELLER, MARJORIE	
STREET ADDRESS	4182 TRENTON AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
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		<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
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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 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or the person who changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01  
Date Daytime Phone #

CR2E034 (10/00)