

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90466 024 ***150.00

DOCUMENT # L91263

1. Entity Name
SPECIALIZED NURSING SERVICES, INC.



Principal Place of Business Mailing Address
17011 NE 6 AVE 17011 NE 6 AVE
NORTH MIAMI BEACH, FL 33162 US NORTH MIAMI BEACH, FL 33162 US

60032377



04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0227419 Not Applicable

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

6. Name and Address of Current Registered Agent

~~MAKROPOLO, JANE~~ *CHANGE*
~~17011 NE 6 AVENUE~~
~~NORTH MIAMI BEACH, FL 33162~~
IOVANNA LOPEZ
17011 NE 6 AVE
N. MIAMI BEACH FL 33162

**DO NOT WRITE
IN THIS SPACE**

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 *IOVANNA LOPEZ* *4-24-06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LOPEZ, IOVANNA
STREET ADDRESS	17011 NE 6 AVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	VD
NAME	HOPPER, ELIZABETH
STREET ADDRESS	17011 NE 6 AVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *IOVANNA LOPEZ* *4/24/06* *305-652-2798*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #