

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089005

FILED
Apr 30, 2004
Secretary of State

Entity Name: HEALTH SERVICES MANAGEMENT GROUP II, INC.

Current Principal Place of Business:

2269 SOUTH UNIVERSITY DRIVE
900
FORT LAUDERDALE, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

2269 SOUTH UNIVERSITY DRIVE
900
FORT LAUDERDALE, FL 33324 US

New Mailing Address:

FEI Number: 65-0625636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHORE, MARLENE B
2269 SOUTH UNIVERSITY DRIVE
900
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHORE, MARLENE B
Address: 2269 S. UNIVERSITY DR. #900
City-St-Zip: FORT LAUDERDALE, FL

Title: DVTS () Delete
Name: SHORE, STEVEN M
Address: 2269 S UNIVERSITY DR # 900
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN M SHORE

DVTS

04/30/2004

Electronic Signature of Signing Officer or Director

Date