2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089005

FILED Apr 14, 2009 Secretary of State

Entity Name: HEALTH SERVICES MANAGEMENT GROUP II, INC.

Current Principal Place of Business:				New Principal Place of Business:			
2269 SOU ⁻ # 900	TH UNIVERSIT	Y DRIVE					
	DERDALE, FL	33324	US				
Current Mailing Address:					New Mailing Address:		
	TH UNIVERSIT	Y DRIVE					
#900 FORT LAU	DERDALE, FL	33324	US				
FEI Number:	65-0625636	FEI Num	ber Applied For ()	FEI Nur	nber Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
2269 SOU ⁻ # 900	ARLENE B I'H UNIVERSIT' DERDALE, FL		JS				
The above in the State	named entity su of Florida.	ıbmits th	is statement for the	purpose o	f changing its regis	tered office or registered agent, or both,	
SIGNATUF	RE:						
	Electronic	: Signatu	re of Registered Ag	jent		Date	
Election Can	npaign Financing	Trust Fun	d Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () E SHORE, MARLEI 2269 S. UNIVERS FORT LAUDERD	SITY DR. #	900		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVTS () [SHORE, STEVEN 2269 S UNIVERS FT LAUDERDALE	SITY DR # 9	900		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 D 04/14/2009