

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90178 031 \*\*\*150.00

**DOCUMENT # P97000042191**

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

Principal Place of Business

633 NE 167TH ST  
 SUITE 601  
 NORTH MIAMI BEACH FL 33162

Mailing Address

633 NE 167TH ST  
 SUITE 601  
 NORTH MIAMI BEACH FL 33162-2444

2. Principal Place of Business

*633 NE 167th St*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

*Suite 601*

Suite, Apt. #, etc.

*Same*

City & State

*North Miami Beach*

City & State

*Same*

Zip

*33162*

Country

*Deale*

Zip

*3*

Country

*Same*



DO NOT WRITE IN THIS SPACE

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

**DUBROW DUKER & ASSOCIATES, P.A.**  
**2840 UNIVERSITY DR**  
**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>KELLIER, MARJORIE</b>	<b>633 NE 167TH ST SUITE 201</b>	<b>NORTH MIAMI BEACH FL 33162</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Signature]*  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)