

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2001 90003 006 ***158.75

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

2. Principal Place of Business

17011 NE 6 Ave

3. Mailing Address

Sum

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

DUBROW DUKER & ASSOCIATES, P.A.
 2840 UNIVERSITY DR
 CORAL SPRINGS FL 33085

Name

Marjorie Kellier - Garvey

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

17011 NE 6 Ave

N.M.B.

City

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

(NOT 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	KELLIER, MARJORIE	
STREET ADDRESS	17011 NE 6 Ave	
CITY - ST - ZIP	633 NE 167TH ST SUITE 001 - N.M.B. FL 33162	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 is 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER - R DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)