


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90021 021 ***158.75

DOCUMENT # P97000042191	
1. Entity Name SPECIALIZED NURSING SERVICES II, INC.	

Principal Place of Business 17011 NE 6 AVENUE NORTH MIAMI BEACH, FL 33162	Mailing Address 17011 NE 6 AVENUE NORTH MIAMI BEACH, FL 33162
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2. Principal Place of Business 4182 Trenton Ave	3. Mailing Address 4182 Trenton Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hollywood FL	City & State Hollywood FL
Zip 33026	Country Broward

6. Name and Address of Current Registered Agent KELLIE-GARVEY, MARJORIE 17011 NE 6TH AVENUE NORTH MIAMI BEACH, FL 33162	
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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 <i>[Signature]</i>	DATE 3/6/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KELLIER, MARJORIE		NAME	
STREET ADDRESS 17011 NE 6 AVENUE		STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>[Signature]</i>	DATE: 3/6/05
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARJORIE KELLIER	
DAYTIME PHONE # 3056325472	

24019130



03062004 Chg-P CR2E034 (10/03)