

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000086915

**Entity Name:** NORTH SHORE MEDICAL BILLING CENTER, L.L.C.

**Current Principal Place of Business:**

1445 ROSS AVENUE SUITE 1400  
DALLAS, TX 75202

**Current Mailing Address:**

1445 ROSS AVENUE SUITE 1400  
DALLAS, TX 75202 US

**FEI Number: 45-2861363**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name TENET HEALTHSYSTEM NORTH SHORE, INC.  
Address 1445 ROSS AVENUE SUITE 1400  
City-State-Zip: DALLAS TX 75202

Title MGRM  
Name MACK, DIR OF, KRISTINA  
Address 1445 ROSS AVENUE SUITE 1400  
City-State-Zip: DALLAS TX 75202

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KRISTINA MACK, DIR OF**

**MMGR**

**02/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date