# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 03, 2007**
**Secretary of State**

DOCUMENT# L01000005257

**Entity Name:** NORTHPARK PROFESSIONAL GROUP, LLC

**Current Principal Place of Business:**

16400 N.W. 2ND AVE. #203
NORTH MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

16400 N.W. 2ND AVE. #203
NORTH MIAMI, FL 33169

**New Mailing Address:**

**FEI Number: 65-1092957** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

SIMON, GARY P
9100 DADELAND BLVD.
SUITE 504
MIAMI, FL 33156 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: D/P ( ) Delete
Name: OSHEROFF, MARC A
Address: 16400 NW 2ND AVE SUITE 203
City-St-Zip: MIAMI, FL 33169

Title: D/S ( ) Delete
Name: GROSS, ALAN
Address: 16400 NW 2ND AVE SUITE 203
City-St-Zip: MIAMI, FL 33169

Title: D/T ( ) Delete
Name: FELDMAN, PHILLIP
Address: 16400 NW 2ND AVE SUITE 203
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: MARC OSHEROFF D/P 01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date