2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2008
Secretary of State

DOCUMENT# L05000086455

Entity Name: NORTHSTAR MEDICAL PROVIDERS, LLC

Current Principal Place of Business:

7900 N.W. 155 STREET
SUITE 201
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

2300 W. 84 ST.
SUITE 201
HIALEAH, FL 33016 US

Current Mailing Address:

7900 N.W. 155 STREET
SUITE 201
MIAMI LAKES, FL 33016 US

New Mailing Address:

2300 W. 84 ST.
SUITE 201
HIALEAH, FL 33016 US

FEI Number: 20-3395498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GONZALEZ, LUIS E
7900 N.W. 155 STREET
SUITE 201
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

GONZALEZ, LUIS E
2300 W. 84 ST.
SUITE 201
HIALEAH, FL 33016 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: 06/20/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GONZALEZ, LUIS E
Address: 7900 N.W. 155 STREET, SUITE 201
City-St-Zip: MIAMI LAKES, FL 33016 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GONZALEZ, LUIS E
Address: 2300 W. 84 ST. STE. 201
City-St-Zip: HIALEAH, FL 33016 US

I hereby certify that the information supplied with this filing does not qualify 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: LUIS GONZALEZ MGR 06/20/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date