

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086455

FILED
Apr 30, 2009
Secretary of State

Entity Name: NORTHSTAR MEDICAL PROVIDERS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-3395498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

ADDITIONS/CHANGES:

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

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

04/30/2009

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