

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091446

FILED
Mar 09, 2009
Secretary of State

Entity Name: NORTH SHORE PHYSICIAN PRACTICES, L.L.C.

Current Principal Place of Business:

13737 NOEL ROAD, STE. 100
DALLAS, TX 75240

New Principal Place of Business:

13737 NOEL ROAD, STE. 100
DALLAS, TX 75240 US

Current Mailing Address:

13737 NOEL ROAD, STE. 100
DALLAS, TX 75240

New Mailing Address:

13737 NOEL ROAD, STE. 100
DALLAS, TX 75240 US

FEI Number: 26-1103241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: TENET HEALTHSYSTEM N, ORTH SHORE INC .
Address: 13737 NOEL ROAD, STE. 100
City-St-Zip: DALLAST, TX 75240

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MACK, KRISTINA A
Address: 13737 NOEL ROAD, STE. 100
City-St-Zip: DALLAS, TX 75240 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: KRISTINA A. MACK

MGR

03/09/2009

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