

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091446

FILED
Mar 19, 2012
Secretary of State

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

Current Principal Place of Business:

1445 ROSS AVE
SUITE 1400
DALLAS, TX 75202 US

New Principal Place of Business:

Current Mailing Address:

1445 ROSS AVE
SUITE 1400
DALLAS, TX 75202 US

New Mailing Address:

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: MGR
Name: SOLE DIRECTOR OF MGR, KRISTINA MACK
Address: 1445 ROSS AVE
City-St-Zip: DALLAS, TX 75202 US

Title: MGRM
Name: SYSTEMNORTHSHORE,INC, TENET HEALTH
Address: 1445 ROSS AVE
City-St-Zip: DALLAS, TX 75202 US

I hereby 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 MACK SOLE DIR MGR 03/19/2012

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