

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000016239

FILED
Apr 26, 2011
Secretary of State

Entity Name: NORTHWEST PROVIDER LLC

Current Principal Place of Business:

4110 NW 16TH BLVD
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

4110 NW 16TH BLVD
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 61-1612225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEADERICK, WILLIAM I
6105 AVE F
MCINTOSH, FL 32664 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
Name: DEADERICK, WILLIAM I
Address: 6105 AVE F
City-St-Zip: MCINTOSH, FL 32664

Title: MGRM
Name: RICHARDSON, SCOTT M
Address: 7610 SE 185TH AVE
City-St-Zip: EVINSTON, FL 32633

Title: MGRM
Name: DEADERICK, MARY K
Address: 6105 AVE F
City-St-Zip: MCINTOSH, FL 32664

Title: MGRM
Name: RICHARDSON, LACINDA D
Address: 7610 SE 185TH AVE
City-St-Zip: EVINSTON, FL 32633

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: WILLIAM I DEADERICK

MGRM

04/26/2011

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