# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 15, 2011**
**Secretary of State**

DOCUMENT# M08000003760

**Entity Name:** NORTH BAY MEDICAL PARTNERS, LLC

**Current Principal Place of Business:**

401 PENNSYLVANIA PARKWAY
INDIANAPOLIS, IN 46280

**New Principal Place of Business:**

2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523

**Current Mailing Address:**

401 PENNSYLVANIA PARKWAY
INDIANAPOLIS, IN 46280

**New Mailing Address:**

2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523

**FEI Number: 26-1966016** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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: NORTH BAY MEDICAL ASSOCIATES, LLC
Address: 2901 BUTTERFIELD ROAD
City-St-Zip: OAK BROOK, IL 60523

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 Statues.

SIGNATURE: CAROL M. HOFFMANN ASEC 08/15/2011

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