

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003760

FILED
Apr 17, 2012
Secretary of State

Entity Name: NORTH BAY MEDICAL PARTNERS, LLC

Current Principal Place of Business:

2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523

New Principal Place of Business:

Current Mailing Address:

2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523

New Mailing Address:

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: MGRM
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 Statutes.

SIGNATURE: CAROL M. HOFFMANN, ASSISTANT SECRETARY

MGRM

04/17/2012

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