

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000001198

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** NORTHERN STAR HEALTH ASSOCIATES, INC.

**Current Principal Place of Business:**

1062 EAST STATE ROAD 50  
CLERMONT, FL 34711

**New Principal Place of Business:**

3105 CITRUS TOWER BLVD UNIT 3 SUITE A  
CLERMONT, FL 34711

**Current Mailing Address:**

1062 EAST STATE ROAD 50  
CLERMONT, FL 34711

**New Mailing Address:**

3105 CITRUS TOWER BLVD UNIT 3 SUITE A  
CLERMONT, FL 34711

**FEI Number:** 32-0050198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAVOIE, STEPHEN M DR  
1062 EAST STATE ROAD 50  
CLERMONT, FL 34711 US

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

SAVOIE, STEPHEN M DR  
3105 CITRUS TOWER BLVD UNIT 3 SUITE A  
CLERMONT, FL 34711 US

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

02/17/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PV  
Name: SAVOIE, STEPHEN M  
Address: 3105 CITRUS TOWER BLVD UNIT 3 SUITE A  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN M. SAVOIE DC

CEO

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date