


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90106 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000062989					
1. Corporation Name NORTHSTAR MEDICAL, INC.					
Principal Place of Business 2293 LAKE POINTE CIRCLE LEESBURG FL 34748			Mailing Address 2293 LAKE POINTE CIRCLE LEESBURG FL 34748		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0604678	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent PARSONS, DONALD G 2293 LAKE POINTE CIRCLE LEESBURG FL 34748			10. Name and Address of New Registered Agent		
			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			85. Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME PO PARSONS, DONALD G					
1.3 STREET ADDRESS 2293 LAKE POINTE CIRCLE					
1.4 CITY-ST-ZIP LEESBURG FL 34748					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME ST PARSONS, SUE E					
2.3 STREET ADDRESS 2293 LAKE POINTE CIRCLE					
2.4 CITY-ST-ZIP LEESBURG FL 34748					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)

SIGNATURE:

Sue E. Parsons

Sue E. Parsons

4/23/99

352-326-2241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #