


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000062989</b> 1. Entity Name NORTHSTAR MEDICAL, INC.	
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Principal Place of Business 2293 LAKE POINTE CIRCLE LEESBURG, FL 34748	Mailing Address 2293 LAKE POINTE CIRCLE LEESBURG, FL 34748
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**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0604678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PARSONS, DONALD G 2293 LAKE POINTE CIRCLE LEESBURG, FL 34748
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO PARSONS, DONALD G 2293 LAKE POINTE CIRCLE LEESBURG, FL 34748
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02/04/04-80158-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Sue E. Parsons (Sue E. Parsons) 1-29-04 (352) 326-2241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #