## 2000 UNIFORM BUSINESS REPORT (UBR)

Zip

## DOCUMENT # P96000014456 NORTH STAR HEALTH CARE GROUP, INC. Principal Place of Business Mailing Address 1140 KANE CONCOURSE 1140 KANE CONCOURSE FIFTH FLOOR 5TH FLOOR BAY HARBOR ISLAND FL 33154-2045 **BAY HARBOR ISLANDS FL 33154** US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

SILVERS, ROBERT H

FIFTH FLOOR

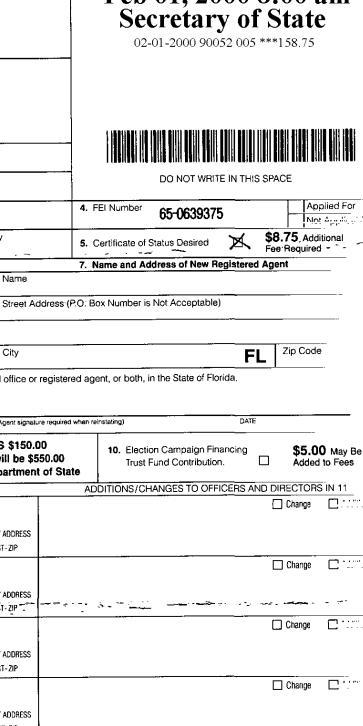
1140 KANE CONCOURSE

**BAY HARBOR ISLANDS FL 33154** 

6. Name and Address of Current Registered Agent

Zip

## **FILED** Feb 01, 2000 8:00 am **Secretary of State**



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.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE							
		After MAY 1, 2000	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 ake Check Payable to Department of State		Election Campaign Financing     Trust Fund Contribution.	Adde	00 May Be d to Fees
11.	OFFICERS AND DIF	ECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNO, EILEEN 1140 KANE CONCOURSE 5TH FLO BAY HARBOR ISLANDS FL 33154	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	positive that the information supplied with this	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and in Social	140 07/(2Vi) Elecida Statutes I further	Change	information

Country

Name

City

rnereby certify that the information supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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 11 or Block 12 changed, or on an attachment with a paddress, with all other like empowered.

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR