

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90026 019 ***158.75

DOCUMENT # P96000014456
 1. Entity Name
NORTH STAR HEALTH CARE GROUP, INC.



Principal Place of Business Mailing Address
 1140 KANE CONCOURSE 1140 KANE CONCOURSE
 5TH FLOOR FIFTH FLOOR
 BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLAND FL 33154
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0639375** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
SILVERS, ROBERT H
1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MANNO, EILEEN	
STREET ADDRESS	1140 KANE CONCOURSE 5TH FLOOR	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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:  **EILEEN MANNO** **2-25-04** **305-864-7531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #