## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000014456

Entity Name: NORTH STAR HEALTH CARE GROUP, INC.

FILED Mar 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1140 KANE CONCOURSE 15173 NE 21 AVENUE

5TH FLOOR NORTH MIAMI BEACH, FL 33162 US BAY HARBOR ISLANDS, FL 33154 US

Current Mailing Address: New Mailing Address:

1140 KANE CONCOURSE 15173 NE 21 AVENUE NORTH MIAMI BEACH, FL 33162 US

BAY HARBOR ISLAND, FL 33154 US

FEI Number: 65-0639375 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

SILVERS, ROBERT H

1140 KANE CONCOURSE

FIFTH FLOOR

MANNO-CABALLERO, EILEEN M

15173 NE 21 AVENUE

NORTH MIAMI BEACH, FL 33162 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: EILEEN MANNO-CABALLERO 03/04/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

BAY HARBOR ISLANDS, FL 33154 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 MANNO, EILEEN
 Name:
 MANNO-CABALLERO, EILEEN

 Address:
 1140 KANE CONCOURSE 5TH FLOOR
 Address:
 15173 NE 21 AVENUE

Address: 1140 KANE CONCOURSE 51H FLOOR Address: 15173 NE 21 AVENUE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EILEEN MANNO-CABALLERO MS. 03/04/2005