

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014456

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** NORTH STAR HEALTH CARE GROUP, INC.

**Current Principal Place of Business:**

15173 NE 21 AVENUE  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

15173 NE 21 AVENUE  
NORTH MIAMI BEACH, FL 33162 US

**New Mailing Address:**

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

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

MANNO-CABALLERO, EILEEN M  
15173 NE 21 AVENUE  
NORTH MIAMI BEACH, FL 33162 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MANNO-CABALLERO, EILEEN  
Address: 15173 NE 21 AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby 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 all other like empowered.

SIGNATURE: EILEEN MANNO-CABALLERO

D

01/07/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date