

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000008654

**Entity Name:** NORTHSTAR HEALTH CORP.

**Current Principal Place of Business:**

800 JEFFREY ST.  
#407  
BOCAL RATON, FL 33487

**Current Mailing Address:**

800 JEFFREY ST. #407  
BOCA RATON, FL 33487

**FEI Number:** 27-1793139

**Certificate of Status Desired:** No

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

SHADER, MARK ADR.  
800 JEFFREY ST.  
#407  
BOCA RATON, FL 33487 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSD  
Name SHADER, MARK ADR.  
Address 701 W CYPRESS CREEK RD SUITE  
200  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** MARK A SHADER

**PRESIDENT**

**04/23/2013**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date