

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000000051

**Entity Name:** NORTHSTAR COLLABORATIVE HEALTH INSTITUTE, INC.

**Current Principal Place of Business:**

11382 PROSPERITY FARMS RD.  
SUITE 224  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

11382 PROSPERITY FARMS RD.  
SUITE 224  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 47-2524538

**Certificate of Status Desired:** No

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

HILL, JAMES O DR.  
4599 SE HALSTON CT  
STUART, FL 34997 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            S  
Name            HILL, JAMES O  
Address        4599 SE HALSTON CT  
City-State-Zip: STUART FL 34997

Title            COO  
Name            RIOS, ARMANDO  
Address        11382 PROSPERITY FARMS RD.  
                  SUITE 224  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            PCEO/C  
Name            HILL, JAMES O II  
Address        4599 SE HALSTON CT  
City-State-Zip: STUART FL 34997

*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:** JAMES O HILL II

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03/13/2018

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

\_\_\_\_\_  
Date