

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000014456

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

**Current Principal Place of Business:**

15173 NE 21 AVENUE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

15173 NE 21 AVENUE  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number: 65-0639375**

**Certificate of Status Desired: Yes**

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

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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            D  
Name            MANNO-CABALLERO, EILEEN  
Address        15173 NE 21 AVENUE  
City-State-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**

**DIRECTOR**

**01/17/2024**

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

\_\_\_\_\_  
Date