2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 02, 2019
Secretary of State
9775810245CC

Entity Name: NORTH SHORE PHYSICIAN PRACTICES, L.L.C.

Current Principal Place of Business:

1445 ROSS AVENUE, SUITE 1400
DALLAS, TX 75202

Current Mailing Address:

1445 ROSS AVENUE, SUITE 1400
DALLAS, TX 75202 US

FEI Number: 26-1103241

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title	SEC OF MGRM	Title	MGRM
Name	MACK, KRISTINA	Name	NORTH SHORE MEDICAL CENTER, INC.
Address	1445 ROSS AVENUE, SUITE 1400	Address	1445 ROSS AVENUE, SUITE 1400
City-State-Zip:	DALLAS TX 75202	City-State-Zip:	DALLAS TX 75202

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTINA A. MACK — SECRETARY OF MGRM — 04/02/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date