

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000151765

Entity Name: NORTHSIDE SENIOR RESIDENCES, LLC**Current Principal Place of Business:**9400 S DADELAND BLVD STE 100
MIAMI, FL 33156**Current Mailing Address:**9400 S DADELAND BLVD STE 100
MIAMI, FL 33156**FEI Number:** 65-1118167**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION COMPANY OF MIAMI
200 S BISCAYNE BLVD.
STE 4100 (GJC)
MIAMI, FL 33131 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:** ALFRED G. SMITH, PRESIDENT**10/12/2020**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	PHG - NORTHSIDE SENIOR, LLC
Address	9400 S DADELAND BLVD STE 100
City-State-Zip:	MIAMI FL 33156

Title	CHAIRMAN
Name	WOLFSON III, LOUIS
Address	9400 S DADELAND BLVD STE 100
City-State-Zip:	MIAMI FL 33156

Title	VP/S/T
Name	DEUTCH, DAVID O.
Address	9400 S DADELAND BLVD STE 100
City-State-Zip:	MIAMI FL 33156

Title	VP
Name	FRIEDMAN, MITCHELL M.
Address	9400 S DADELAND BLVD STE 100
City-State-Zip:	MIAMI FL 33156

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: DAVID O. DEUTCH**VP****10/12/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date