

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000002548

Entity Name: NORTHSTAR HEALTHCARE SUBCO, L.L.C.

Current Principal Place of Business:

11700 KATY FREEWAY
SUITE 300
HOUSTON, TX 77079

Current Mailing Address:

11700 KATY FREEWAY
SUITE 300
HOUSTON, TX 77079 US

FEI Number: 11-3808019

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 MANAGER
Name NORTHSTAR HEALTHCARE
 ACQUISITIONS, L.L.C.
Address 11700 KATY FREEWAY
 SUITE 300
City-State-Zip: HOUSTON TX 77079

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: NORTHSTAR HEALTHCARE ACQUISITIONS, L.L.C. MANAGER

04/01/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date