

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S91911

Entity Name: NORTH PORT RETIREMENT CENTER, INC.

Current Principal Place of Business:

NORTH PORT PINES
4950 POCAPELLA AVENUE
NORTH PORT, FL 34287

Current Mailing Address:

NORTH PORT PINES
4950 POCAPELLA AVENUE
NORTH PORT, FL 34287

FEI Number: 65-0292534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUTT, ZIA U
4400 HARBOR BLVD.
PORT CHARLOTTE, FL 33953 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	P	Title	S
Name	BUTT, ZIA	Name	BUTT, MUNIR
Address	4400 HARBOR BLVD.	Address	4400 HARBOR BLVD.
City-State-Zip:	PORT CHARLOTTE FL	City-State-Zip:	PORT CHARLOTTE FL

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: ZIA BUTT

CEO

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date