

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S91911

**Entity Name:** NORTH PORT RETIREMENT CENTER, INC.

**Current Principal Place of Business:**

NORTH PORT PINES  
4950 POCAVELLA AVENUE  
NORTH PORT, FL 34287

**Current Mailing Address:**

NORTH PORT PINES  
4950 POCAVELLA AVENUE  
NORTH PORT, FL 34287

**FEI Number:** 65-0292534

**Certificate of Status Desired:** Yes

**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:** KRISTIAN DUNDA

COO

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date