2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# N09000004015

Entity Name: NORPINN NURSING FACILITY/HOME INC.

Current Principal Place of Business:

4270 NW 40TH STREET #308
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

4270 NW 40TH STREET #308
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: PINNOCK, NORMA
Address: 4270 NW 40TH STREET #308
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: DS
Name: PINNOCK, SHELLY
Address: 4270 NW 40TH STREET #308
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: DVP
Name: PINNOCK, KARL RAY A
Address: 4270 NW 40TH STREET #308
City-St-Zip: LAUDERDALE LAKES, FL 33319

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NORMA PINNOCK PD 04/21/2011

Electronic Signature of Signing Officer or Director — Date