

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S47636

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** NORTHPOINTE RETIREMENT COMMUNITY, INC.

**Current Principal Place of Business:**

5100 NORTHPOINTE PKWY  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

5100 NORTHPOINTE PKWY  
PENSACOLA, FL 32514

**New Mailing Address:**

**FEI Number:** 59-3065971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIKHCHI, MOHAMAD  
5100 NORTHPOINTE PKWY  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

MIKHCHI, MOHAMAD  
5100 NORTHPOINTE PKWY  
PENSACOLA, FL 32514 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: M. H. MIKHCHI

03/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MIKHCHI, MOHAMAD,  
Address: 5101 NORTHPOINTE PARKWAY  
City-St-Zip: PENSACOLA, FL 32514

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: M. H. MIKHCHI

DR.

03/03/2011

Electronic Signature of Signing Officer or Director

Date