



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90022 002 ****61.25

DOCUMENT # 760406 1. Entity Name OAK PLAZA PROFESSIONAL CENTER, INC.					
Principal Place of Business 8525 SW 92 STREET SUITE B-6 MIAMI, FL 33156			Mailing Address 8525 SW 92 STREET SUITE B-6 MIAMI, FL 33156		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02262004 Chg-NP CR2E037 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-2202958	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCHWABE, ROBERT 8525 SW 92 STREET SUITE B-6 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Robert H Schwabe</i></u> <u><i>2/27/04</i></u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWABE, ROBERT 8525 SW 92 STREET MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCHWABE, ROBERT 8525 SW 92 STREET, SUITE B-6 MIAMI, FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete QUIAT, BETTE 8525 SW 92 STREET MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition QUIAT, BETTE 8525 SW 92 STREET, SUITE B-5 MIAMI, FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete STERLING, ROBERT A DDS 8525 SW 92 STREET MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GREENBERG, ROY 8525 SW 92 STREET, SUITE A-3B MIAMI, FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARANGO, CLAUDIA 8525 SW 92 STREET MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ARANGO, CLAUDIA 8525 SW 92 STREET, SUITE B-7 MIAMI, FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete AZOULAY, SHARON 8525 SW 92 STREET MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AZOULAY, SHARON 8525 SW 92 STREET, SUITE B-9 MIAMI, FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ANDERSON, MICHEL 10761 SW 104 STREET MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u><i>Robert H Schwabe</i></u> <u><i>2/27/04</i></u> <u><i>305/270-1990</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					