2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 760406

1. Entity Name
OAK PLAZA PROFESSIONAL CENTER, INC.

Principal Place of Business	Mailing Address
8525 SW 92 STREET SUITE D-16 MIAMI, FL 33156	8525 SW 92 STREET SUITE D-16 MIAMI, FL 33156

03212007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2202958 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOGUES, ANDRES
8525 SW 92 STREET
SUITE D-16
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

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 ANDRES NOGUES — A. Nogues — 3-21-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREENBERG, ROY L
STREET ADDRESS	8525 SW 92 STREET STE A-3B
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VD
NAME	QUIAT, BETTE
STREET ADDRESS	8525 SW 92 STREET STE B-5
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SD
NAME	AZOULAY, SHARON
STREET ADDRESS	8525 SW 92 STREET STE B-9
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	TD
NAME	NOGUES, ANDRES C
STREET ADDRESS	8525 S.W. 92ND STREET, #D-16
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	KIRSNER, NANCY
STREET ADDRESS	8525 SW 92 STREET, B-8
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	ARANGO, CLAUDIA
STREET ADDRESS	8525 SW 92 ST., #B6
CITY-ST-ZIP	MIAMI, GL 33156

U00000680034
04/03/07-80062-002 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: A. Nogues (ANDRES NOGUES) — 3-21-07 — 786-234-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #