

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752909

**FILED**  
**Feb 18, 2014**  
**Secretary of State**  
**CC7262025371**

**Entity Name:** EMERALD VILLAGE PROFESSIONAL PLAZA, INC.

**Current Principal Place of Business:**

3880 SHERIDAN STREET, SUITE B  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3880 SHERIDAN STREET, SUITE B  
HOLLYWOOD, FL 33021

**FEI Number:** 59-2066599

**Certificate of Status Desired:** No

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

KASBAR, JOHN A  
3880 SHERIDAN ST  
HOLLYWOOD, FL 33021 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 PSTD  
Name KASBAR, JOHN A  
Address 3880 SHERDIAN ST  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name COMPAGNONE, ANTHONY  
Address 3862 SHERDIAN ST, SUITE B  
City-State-Zip: HOLLYWOOD FL 33021

Title DVP  
Name CIFUNTES, AMAURY  
Address 3878 SHERIDAN ST  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name SHAPIRO, CHARLES DR  
Address 3850 SHERIDAN ST.  
City-State-Zip: HOLLYWOOD FL 33021

*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:** ANTHONY COMPAGNONE

**DIRECTOR**

**02/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date