

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760406

**FILED**  
**Jan 31, 2017**  
**Secretary of State**  
**CC2255040912**

**Entity Name:** OAK PLAZA PROFESSIONAL CENTER, INC.

**Current Principal Place of Business:**

8525 SW 92 STREET  
MIAMI, FL 33156

**Current Mailing Address:**

11800 SW 87TH AVE  
MIAMI, FL 33176-4307 US

**FEI Number:** 59-2202958

**Certificate of Status Desired:** No

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

NOGUES, ANDRES  
11800 W 87TH AVE  
MIAMI, FL 33176-4307 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            PRESIDENT  
Name            ARANGO, CLAUDIA DR.  
Address        8525 SW 92 STREET  
                 SUITE B7  
City-State-Zip: MIAMI FL 33156-7374

Title            VP  
Name            LIEVANO, GUILLERMO DR.  
Address        8525 SW 92 STREET  
                 SUITE D13  
City-State-Zip: MIAMI FL 33156-7378

Title            SECRETARY  
Name            GARCIA-PAUL, CARMEN DR.  
Address        8525 SW 92 STREET  
                 SUITE B9  
City-State-Zip: MIAMI FL 33156-7374

Title            TREASURER  
Name            RODRIGUEZ, MIGUEL J DR.  
Address        8525 S.W. 92 STREET  
                 SUITE C10  
City-State-Zip: MIAMI FL 33156-7365

Title            DIRECTOR  
Name            KIRSNER, NANCY DR.  
Address        8525 SW 92 STREET  
                 SUITE A3  
City-State-Zip: MIAMI FL 33156-7365

Title            DIRECTOR  
Name            MATOS, MARTA DR.  
Address        8525 SW 92 STREET  
                 SUITE B8  
City-State-Zip: MIAMI FL 33156-7365

Title            DIRECTOR  
Name            MORENO, GILDA DR.  
Address        8525 SW 92 STREET  
                 SUITE A1  
City-State-Zip: MIAMI FL 33156-7365

Title            DIRECTOR  
Name            QUIAT, BETTE ESQ.  
Address        8525 SW 92 ST  
                 SUITE B5  
City-State-Zip: MIAMI FL 33156-7365

**Continues on page 2**

*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:** CARMEN GARCIA-PAUL

**SECRETARY**

**01/31/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ISHOOF, BIBI HALIMA  
Address        8525 SW 92 ST  
                 SUITE D16  
City-State-Zip: MIAMI FL 33156-7365