

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760406

Entity Name: OAK PLAZA PROFESSIONAL CENTER, INC.**Current Principal Place of Business:**8525 SW 92 STREET
SUITE D-16
MIAMI, FL 33156**Current Mailing Address:**8525 SW 92 STREET
SUITE D-16
MIAMI, FL 33156 US**FEI Number:** 59-2202958**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOGUES, ANDRES
8525 SW 92 STREET
SUITE D-16
MIAMI, FL 33156 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 B-7
City-State-Zip: MIAMI FL 33156

Title VP
Name SCHWABE, ROBERT
Address 8525 SW 92 STREET
 SUITE B-6
City-State-Zip: MIAMI FL 33156

Title SECRETARY
Name NOGUES, LISETTE DR.
Address 8525 SW 92 STREET
 SUITE D-16
City-State-Zip: MIAMI FL 33156

Title TREASURER
Name NOGUES, ANDRES C
Address 8525 S.W. 92 STREET
 SUITE D-16
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name KIRSNER, NANCY DR.
Address 8525 SW 92 STREET
 SUITE A-3
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name MATOS, MARTA DR.
Address 8525 SW 92 STREET
 SUITE B-8
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name MORENO, GILDA DR.
Address 8525 SW 92 ST
 SUITE A-1
City-State-Zip: MIAMI FL 33156

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: DR. LISETTE NOGUES**SECRETARY****03/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date