

**2015 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 33156-7365**Current Mailing Address:**8525 SW 92 STREET  
SUITE D-16  
MIAMI, FL 33156-7365 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 33156-7365 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 33156-7374

Title            VP  
Name            SCHWABE, ROBERT  
Address        8525 SW 92 STREET  
                 SUITE B-6  
City-State-Zip: MIAMI FL 33156-7374

Title            SECRETARY  
Name            NOGUES, LISETTE DR.  
Address        8525 SW 92 STREET  
                 SUITE D-16  
City-State-Zip: MIAMI FL 33156-7365

Title            TREASURER  
Name            NOGUES, ANDRES C  
Address        8525 S.W. 92 STREET  
                 SUITE D-16  
City-State-Zip: MIAMI FL 33156-7365

Title            DIRECTOR  
Name            KIRSNER, NANCY DR.  
Address        8525 SW 92 STREET  
                 SUITE A-3  
City-State-Zip: MIAMI FL 33156-7374

Title            DIRECTOR  
Name            MATOS, MARTA DR.  
Address        8525 SW 92 STREET  
                 SUITE B-8  
City-State-Zip: MIAMI FL 33156-7374

Title            DIRECTOR  
Name            MORENO, GILDA DR.  
Address        8525 SW 92 STREET  
                 SUITE A-1  
City-State-Zip: MIAMI FL 33156-7378

Title            DIRECTOR  
Name            QUIAT, BETTE ESQ.  
Address        8525 SW 92 STREET  
                 SUITE B-5  
City-State-Zip: MIAMI FL 33156-7393

*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:** LISETTE NOGUES MD**SECRETARY****04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date