

**2021 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  
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 DIRECTOR  
Name ARANGO, CLAUDIA DR.  
Address 8525 SW 92 STREET  
SUITE B7  
City-State-Zip: MIAMI FL 33156-7374

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

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

Title SECRETARY  
Name MARIN, CRISTINA DR.  
Address 8525 SW 92 STREET  
D17  
City-State-Zip: MIAMI FL 33156

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*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:** CRISTINA MARIN**SECRETARY****02/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	VALOR, DORIS
Address	8525 SW 92 STREET D15
City-State-Zip:	MIAMI FL 33156