

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006526

FILED
Jan 17, 2020
Secretary of State
0065206550CC

Entity Name: WESTON MEDICAL AND PROFESSIONAL CAMPUS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

2893 EXECUTIVE PARK DR
SUITE 304
WESTON, FL 33331

Current Mailing Address:

PO BOX 268658
WESTON, FL 33331 US

FEI Number: 31-1810350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CATALUNA - SHAND, MONICA
2893 EXECUTIVE PARK DR
WESTON, FL 33331 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: MONICA CATALUNA - SHAND

01/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WILLENBORG, JERRY
Address 2893 EXECUTIVE PARK DR
SUITE 305
City-State-Zip: WESTON FL 33331

Title T
Name FRIEND, JOEL
Address 2863 EXECUTIVE PARK DR
SUITE 105
City-State-Zip: WESTON FL 33331

Title S
Name CATALUNA - SHAND, MONICA
Address 2893 EXECUTIVE PARK DR
SUITE 304
City-State-Zip: WESTON FL 33331

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: MONICA CATALUNA-SHAND

S

01/17/2020

Electronic Signature of Signing Officer/Director Detail

Date