

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006526

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

**FILED
Apr 01, 2019
Secretary of State
0898840825CC**

Current Principal Place of Business:

4800 N. STATE RD 7
SUITE 105
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

4800 N. STATE RD 7
SUITE 105
LAUDERDALE LAKES, FL 33319 US

FEI Number: 31-1810350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT SERVICES
4800 N. STATE RD 7 SUITE 105
LAUDERDALE LAKES, FL 33319 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 P
Name CORREA, ALVARO
Address 2201 N. COMMERCE PARKWAY
City-State-Zip: WESTON FL 33331

Title T
Name NIETO, ANGELA
Address 2201 N. COMMERCE PKWY
City-State-Zip: WESTON FL 33331

Title S
Name CORREA, MARIA
Address 2201 N. COMMERCE PARKWAY
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: ALVARO CORREA

PRESIDENT

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date