

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006526

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

FILED
Apr 11, 2024
Secretary of State
3383132488CC

Current Principal Place of Business:

2701 - 2893 EXECUTIVE PARK DR
WESTON, FL 33326

Current Mailing Address:

18501 PINES BLVD
SUITE 107
PEMBROKE PINES, FL 33029 US

FEI Number: 31-1810350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRUEQUEST PROPERTY MANAGEMENT
18501 PINES BLVD
SUITE 107
PEMBROKE PINES, FL 33029 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: PETER MEDINA

04/11/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CORREA, ALVARO
Address 2201 N COMMERCE PKWY
City-State-Zip: WESTON FL 33326

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

Title S
Name NIETO, ANGELA
Address 2201 N COMMERCE PKWY
City-State-Zip: WESTON FL 33326

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

04/11/2024

Electronic Signature of Signing Officer/Director Detail

Date