

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006526

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

**FILED**  
**Apr 08, 2021**  
**Secretary of State**  
**8953692674CC**

**Current Principal Place of Business:**

18503 PINES BLVD  
SUITE 211  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18503 PINES BLVD  
SUITE 211  
PEMBROKE PINES, FL 33029 US

**FEI Number: 31-1810350**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TRUEQUEST PROPERTY MANAGEMENT  
18503 PINES BLVD  
SUITE 211  
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**

**04/08/2021**

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: JOEL FRIEND**

**TREASURER**

**04/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date