

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006526

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

**FILED**  
**Apr 09, 2013**  
**Secretary of State**  
**CC3885670297**

**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: CORREA ALVARO**

**PRESIDENT**

**04/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date