

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000024945

**FILED  
Mar 25, 2019  
Secretary of State  
1933630703CC**

**Entity Name:** PROFESSIONAL BANK

**Current Principal Place of Business:**

396 ALHAMBRA CIRCLE  
SUITE 255  
CORAL GABLES, FL 33134

**Current Mailing Address:**

396 ALHAMBRA CIRCLE  
SUITE 255  
CORAL GABLES, FL 33134 US

**FEI Number:** 26-2155465

**Certificate of Status Desired:** No

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

IGLESIAS, ABEL  
396 ALHAMBRA CIRCLE  
SUITE 255  
CORAL GABLES, FL 33134 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:** ABEL IGLESIAS

03/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MCKAY, PATRICIA  
Address 2108 NE 45TH ST  
City-State-Zip: FT LAUDERDALE FL 33308

Title CHAIRMAN  
Name SHEEHAN, DANIEL  
Address 11814 LAKE SHORE PLACE  
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIRECTOR  
Name SCHIMMEL, LAWRENCE  
Address 5193 SW 75 STREET  
City-State-Zip: MIAMI FL 33143

Title DIRECTOR  
Name DIGASBARRO, ROLAND  
Address 28 TAHITI BEACH ISLAND RD  
City-State-Zip: CORAL GABLES FL 33143

Title DIRECTOR  
Name MARTENS, HERBERT  
Address 2326 SOUTH SHORE DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR  
Name GARCIA, CARLOS  
Address 1280 CENTRE STREET  
STE 2  
City-State-Zip: NEWTON CENTRE MA 02459

Title DIRECTOR  
Name SCHUTZ, ANTON  
Address 1117 CHEESE FACTORY RD  
City-State-Zip: HONEOYE FALLS NY 14472

Title DIRECTOR  
Name IGLESIAS, ABEL  
Address 1533 MANTUA AVE  
City-State-Zip: CORAL GABLES FL 33146

**Continues on page 2**

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ABEL IGLESIAS

**DIRECTOR**

03/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            GORNEY, JON  
Address        31780 LAKE ROAD  
City-State-Zip: AVON LAKE OH 44012