

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000024945

**FILED  
Apr 15, 2013  
Secretary of State  
CC7284690485**

**Entity Name:** PROFESSIONAL BANK

**Current Principal Place of Business:**

1567 SAN REMO AVENUE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1567 SAN REMO AVENUE  
CORAL GABLES, FL 33146

**FEI Number:** 26-2155465

**Certificate of Status Desired:** No

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

RAUL, VALDES-FAULI CEO  
1567 SAN REMO AVENUE  
CORAL GABLES, FL 33146 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	D	Title	D
Name	ADLER, LESLIE	Name	SHAPIRO, STANLEY
Address	8140 SW 151 STREET	Address	60 EDGEWATER DRIVE, UNIT 17K
City-State-Zip:	MIAMI FL 33158	City-State-Zip:	CORAL GABLES FL 33133
Title	D	Title	D
Name	GALLAGHER, THOMAS III	Name	BYRNE, SEAN
Address	1118 CARRIAGE ROAD	Address	7222 JAMES RIVER ROAD
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	NEW ALBANY OH 43054
Title	D	Title	D
Name	SHEEHAN, DANIEL	Name	SCHIMMEL, LAWRENCE
Address	1001 BRICKELL BAY DR.SUITE 2112	Address	9320 SW 61ST COURT
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	PINECREST FL 33156

*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:** STANLEY SHAPIRO

**DIRECTOR**

**04/15/2013**

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

\_\_\_\_\_  
Date