

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000024945

**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:**SONTAG, MICHAEL C ESQ.  
5100 PGA BOULEVARD  
SUITE 101  
PALM BEACH GARDENS, FL 33418 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:** MICHAEL C. SONTAG

01/12/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name SHEEHAN, DANIEL  
Address 396 ALHAMBRA CIRCLE  
SUITE 255  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name DIGASBARRO, ROLAND  
Address 396 ALHAMBRA CIRCLE  
SUITE 255  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name GARCIA, CARLOS  
Address 396 ALHAMBRA CIRCLE  
SUITE 255  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name GORNEY, JON  
Address 396 ALHAMBRA CIRCLE  
SUITE 255  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name SCHIMMEL, LAWRENCE  
Address 396 ALHAMBRA CIRCLE  
SUITE 255  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name MARTENS, HERBERT  
Address 396 ALHAMBRA CIRCLE  
SUITE 255  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name IGLESIAS, ABEL  
Address 396 ALHAMBRA CIRCLE  
SUITE 255  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY  
Name SONTAG, MICHAEL C ESQ.  
Address 5100 PGA BOULEVARD, SUITE 101  
City-State-Zip: PALM BEACH GARDENS FL 33418

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*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:** MICHAEL C SONTAG**SECRETARY**

01/12/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 PARKER, AVA L  
Address             396 ALHAMBRA CIRCLE  
                       SUITE 255  
City-State-Zip:   CORAL GABLES FL 33134

Title                   DIRECTOR  
Name                 BLAKEY, MARGARET  
Address             396 ALHAMBRA CIRCLE  
                       SUITE 255  
City-State-Zip:   CORAL GABLES FL 33134