

2023 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:** Yes**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

01/30/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** CHAIRMAN OF THE BOARD AND
DIRECTOR**Name** MARTENS, HERBERT**Address** 396 ALHAMBRA CIRCLE
SUITE 255**City-State-Zip:** CORAL GABLES FL 33134**Title** DIRECTOR**Name** WILLETT, JOSEPH**Address** 396 ALHAMBRA CIRCLE
SUITE 255**City-State-Zip:** CORAL GABLES FL 33134**Title** DIRECTOR, PRESIDENT AND CHIEF
EXECUTIVE OFFICER**Name** IGLESIAS, ABEL**Address** 396 ALHAMBRA CIRCLE
SUITE 255**City-State-Zip:** CORAL GABLES FL 33134**Title** EXECUTIVE VICE PRESIDENT,
SECRETARY AND GENERAL
COUNSEL**Name** SONTAG, MICHAEL C ESQ.**Address** 5100 PGA BOULEVARD, SUITE 101**City-State-Zip:** PALM BEACH GARDENS FL 33418**Title** DIRECTOR**Name** SCHIMMEL, LAWRENCE**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** PARKER, AVA L**Address** 396 ALHAMBRA CIRCLE
SUITE 255**City-State-Zip:** CORAL GABLES FL 33134**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: MICHAEL C SONTAG

GENERAL COUNSEL

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title CFO
Name USTEGUI, MARY L
Address 396 ALHAMBRA CIRCLE
 SUITE 255
City-State-Zip: CORAL GABLES FL 33134