

**2017 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:**ABEL, IGLESIAS PRESIDENT & CEO  
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

02/23/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** DIRECTOR  
**Name** ADLER, LESLIE  
**Address** 8140 SW 151 STREET  
**City-State-Zip:** MIAMI FL 33158**Title** DIRECTOR  
**Name** SHAPIRO, STANLEY  
**Address** 60 EDGEWATER DRIVE, UNIT 17K  
**City-State-Zip:** CORAL GABLES FL 33133**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**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

PRESIDENT &amp; CEO

02/23/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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