

2018 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:**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

03/08/2018

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 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 396 ALHAMBRA CIRCLE
STE 255
City-State-Zip: CORAL GABLES FL 33134

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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: ABEL IGLESIAS

DIRECTOR

03/08/2018

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