## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01194

FILED Apr 20, 2005 Secretary of State

Entity Name: THE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

6601 SW 80TH ST., SUITE 212 MIAMI, FL 33143

**Current Mailing Address:** 

**New Mailing Address:** 

6601 SW 80TH ST., SUITE 212 MIAMI, FL 33143

FEI Number: 59-2396533 FEI Number Applied For ( )

FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EISENBERG, GARY 6601 SW 80TH ST STE 212 MIAMI, FL 33143 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

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

() Delete MANSFIELD, TOBY Name: 6601 SW 80-TH ST, #203 Address:

City-St-Zip: MIAMI, FL 33143

Title: PD () Delete GLATSTEIN, PHILIP M., Name: 6601 SW 80TH ST., #213 Address:

City-St-Zip: MIAMI, FL

Title: () Delete RONALD FLAM, Name: 6601 SW 80TH ST #101 Address:

City-St-Zip: MIAMI, FL

Title: VPD ( ) Delete Name: MARTINEZ, MARIO Address: 6601 SW 80 ST. #212 City-St-Zip: MIAMI, FL 33143

MARTINEZ, MARIO DR. Name:

Address: 6601 SW 80-TH ST, #209/212

MIAMI, FL 33143 City-St-Zip:

Title: (X) Change ( ) Addition

Name: WARREN, DAVID DR. Address: 6601 SW 80TH ST., #112

City-St-Zip: MIAMI, FL

Title: (X) Change ( ) Addition

VALIENTE, DAVID DR. Name: 6601 SW 80TH ST #206/208 Address:

City-St-Zip: MIAMI, FL

Title: VPD (X) Change ( ) Addition

Name: AIDMAN, ROGER DR. 6601 SW 80 ST. #213 Address: City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. MARIO MARTINEZ SD