2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N01194

Entity Name: THE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

7700 NORTH KENDALL DRIVE
SUITE 305
MIAMI, FL 33156

FEI Number: 59-2396533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

EISENBERG, GARY
7700 NORTH KENDALL DRIVE
SUITE 305
MIAMI, FL 33156 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: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: MARTINEZ, MARIO DR.
Address: 6601 SW 80-TH ST, #209/212
City-St-Zip: MIAMI, FL 33143

Title: PD ( ) Delete
Name: WARREN, DAVID DR.
Address: 6601 SW 80TH ST., #112
City-St-Zip: MIAMI, FL

Title: T ( ) Delete
Name: RABRE, FELIPE
Address: 6601 SW 80TH ST, STE 109
City-St-Zip: MIAMI, FL 33143

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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. DAVID WARREN PD 04/28/2009
Electronic Signature of Signing Officer or Director — Date