

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024945

FILED
Apr 16, 2012
Secretary of State

Entity Name: PROFESSIONAL BANK

Current Principal Place of Business:

1567 SAN REMO AVENUE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1567 SAN REMO AVENUE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 26-2155465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, STANLEY DIR/CEO
1567 SAN REMO AVENUE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

RAUL, VALDES-FAULI CEO
1567 SAN REMO AVENUE
CORAL GABLES, FL 33146 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: RAUL VALDES-FAULI

04/16/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ADLER, LESLIE
Address: 8140 SW 151 STREET
City-St-Zip: MIAMI, FL 33158

Title: D
Name: SHAPIRO, STANLEY
Address: 60 EDGEWATER DRIVE, UNIT 17K
City-St-Zip: CORAL GABLES, FL 33133

Title: D
Name: GALLAGHER, THOMAS III
Address: 1118 CARRIAGE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: BYRNE, SEAN
Address: 7222 JAMES RIVER ROAD
City-St-Zip: NEW ALBANY, OH 43054

Title: D
Name: SHEEHAN, DANIEL
Address: 1001 BRICKELL BAY DR.SUITE 2112
City-St-Zip: MIAMI, FL 33131

Title: D
Name: SCHIMMEL, LAWRENCE
Address: 9320 SW 61ST COURT
City-St-Zip: PINECREST, FL 33156

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: KAREN AUGUST

CFO

04/16/2012

Electronic Signature of Signing Officer or Director

Date