

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752824

**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**7590831345CC**

**Entity Name:** CORAL REEF MEDICAL PARK II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9275 SW 152 ST  
SUITE 208  
MIAMI, FL 33157

**Current Mailing Address:**

9275 SW 152 STREET  
SUITE 208  
MIAMI, FL 33157 US

**FEI Number: 59-2136629**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SANCETTA, RONALD  
9275 SW. 152 STREET  
SUITE 208  
MIAMI, FL 33157 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

**Officer/Director Detail :**

Title P  
Name SANCETTA, RONALD DR.  
Address 9275 SW 152 ST SUITE 208  
City-State-Zip: MIAMI FL 33157

Title SECRETARY, TREASURER  
Name FEANNY, ELIAS DR.  
Address 9275 SW 152 STREET SUITE 103  
City-State-Zip: MIAMI FL 33157

Title VP  
Name PINELLAS, CARLOS DR.  
Address 9275 SW 152 STREET SUITE 210  
City-State-Zip: MIAMI FL 33157

Title DIRECTOR  
Name CHU, ALAN DR.  
Address 9275 SW 152ND STREET 212-214  
City-State-Zip: MIAMI FL 33157

Title DIRECTOR  
Name MABJEESH, MARY DR.  
Address 9275 SW 152ND STREET 206  
City-State-Zip: MIAMI FL 33157

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARY MABJEESH**

**DIRECTOR**

**01/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date