

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760406

Entity Name: OAK PLAZA PROFESSIONAL CENTER, INC.**Current Principal Place of Business:**8525 SW 92 STREET
MIAMI, FL 33156**Current Mailing Address:**11800 SW 87TH AVE
MIAMI, FL 33176-4307 US**FEI Number:** 59-2202958**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOGUES, ANDRES
11800 W 87TH AVE
MIAMI, FL 33176-4307 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 PRESIDENT
Name ARANGO, CLAUDIA DR.
Address 8525 SW 92 STREET
 SUITE B-7
City-State-Zip: MIAMI FL 33156-7374

Title VP
Name SCHWABE, ROBERT
Address 8525 SW 92 STREET
 SUITE B-6
City-State-Zip: MIAMI FL 33156-7374

Title SECRETARY
Name QUIAT, BETTE
Address 8525 SW 92 STREET
 SUITE B-5
City-State-Zip: MIAMI FL 33156-7393

Title TREASURER
Name RODRIGUEZ, MIGUEL J
Address 8525 S.W. 92 STREET
 SUITE C-10
City-State-Zip: MIAMI FL 33156-7365

Title DIRECTOR
Name KIRSNER, NANCY DR.
Address 8525 SW 92 STREET
 SUITE A-3
City-State-Zip: MIAMI FL 33156-7374

Title DIRECTOR
Name MATOS, MARTA DR.
Address 8525 SW 92 STREET
 SUITE B-8
City-State-Zip: MIAMI FL 33156-7374

Title DIRECTOR
Name MORENO, GILDA DR.
Address 8525 SW 92 STREET
 SUITE A-1
City-State-Zip: MIAMI FL 33156-7378

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: QUIAT, BETTE**SECRETARY****03/09/2016**

Electronic Signature of Signing Officer/Director Detail

Date