

**2013 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  
SUITE D-16  
MIAMI, FL 33156

**Current Mailing Address:**

8525 SW 92 STREET  
SUITE D-16  
MIAMI, FL 33156

**FEI Number:** 59-2202958

**Certificate of Status Desired:** No

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

NOGUES, ANDRES  
8525 SW 92 STREET  
SUITE D-16  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MORENO, GILDA DR.  
Address 8525 SW 92 STREET, STE D-16  
City-State-Zip: MIAMI FL 33156

Title SD  
Name AZOULAY, SHARON  
Address 8525 SW 92 STREET, STE B-9  
City-State-Zip: MIAMI FL 33156

Title D  
Name GREENBERG, ROY  
Address 8525 SW 92 STREET, STE A-3  
City-State-Zip: MIAMI FL 33156

Title VD  
Name KIRSNER, NANCY  
Address 8525 SW 92 STREET, STE A-1  
City-State-Zip: MIAMI FL 33156

Title TD  
Name NOGUES, ANDRES C  
Address 8525 S.W. 92 STREET, STE D-16  
City-State-Zip: MIAMI FL 33156

Title D  
Name ARANGO, CLAUDIA  
Address 8525 SW 92 STREET, STE B-7  
City-State-Zip: MIAMI 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDRES NOGUES

**TREASURER**

**03/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date