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: JUAN GARCIA

Electronic Signature of Signing Officer/Director Detail

01/13/2015

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400001278

Entity Name: POWER ONE PROFESSIONAL AND MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8140 NW 155TH STREET 101 MIAMI LAKES, FL 33016

Current Mailing Address:

8140 NW 155 ST. SUITE 101 MIAMI LAKES, FL 33016

FEI Number: 56-2437811

Name and Address of Current Registered Agent:

EISINGER, BROWN, LEWIS, FRANKEL 4000 HOLLYWOOD BLVD. 265 SOUTH HOLLWOOD , FL 33021 US Certificate of Status Desired: No

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	: DENNIS EISINGER		01/13/2015	
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	V-PRESIDENT	
Name	GARCIA, JUAN	Name	CARBALLO, PEDRO DR.	
Address	8140 NW 155TH STREET 101	Address	8140 NW 155TH STREET 101	
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016	
Title	SEC	Title	TREASURER	
Name	ROMERO, ENZEQUIEL DR.	Name	SHEALY, MICHAEL	
Address	8140 NW 155TH STREET 101	Address	8140 NW 154TH STREET 101	
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016	
Title	D, DIRECTOR			
Name	VICTORIES, BARBARA			
Address	8140 NW 155TH STREET 101			
City-State-Zip:	MIAMI LAKES FL 33016			

FILED Jan 13, 2015 Secretary of State CC3679805445