2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001278

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 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EISINGER, BROWN, LEWIS, FRANKEL 4000 HOLLYWOOD BLVD. 265 SOUTH HOLLWOOD, FL 33021 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: DENNIS EISINGER 02/11/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title V-PRESIDENT

NameGARCIA, JUANNameCARBALLO, PEDRO DR.Address8140 NW 155TH STREET 101Address8140 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

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 PRESIDENT 02/11/2016

FILED Feb 11, 2016

Secretary of State

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