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

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

8140 NW 155 STREET SUITE 101 MIAMI LAKES, FL 33016

Current Mailing Address:

8140 NW 155 STREET SUITE 101 MIAMI LAKES, FL 33016 US

DOCUMENT# N0400001278

FEI Number: 56-2437811

Name and Address of Current Registered Agent:

EISINGER, BROWN, LEWIS, FRANKEL 4000 HOLLYWOOD BLVD. 265 SOUTH HOLLWOOD, FL 33021 US

SUITE 101

City-State-Zip:

MIAMI LAKES FL 33016

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	E: DENNIS EISINGER		
	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	PRESIDENT	Title	VP
Name	GARCIA, JUAN	Name	SHEALY, MICHAEL
Address	8140 NW 155 STREET SUITE 101	Address	8140 NW 155 STREET SUITE 101
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016
Title	TREASURER		
Name	CASANOVA, MARGARITA		
Address	8140 NW 155 STREET		

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

04/22/2020 Date

04/22/2020 Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 22, 2020 Secretary of State 2911828652CC