

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N04000001278

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

**FILED**  
**Dec 15, 2014**  
**Secretary of State**  
**CC4938687059**

**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**

**12/15/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GARCIA, JUAN  
Address        8140 NW 155TH STREET 101  
City-State-Zip: MIAMI LAKES FL 33016

Title            V-PRESIDENT  
Name            CARBALLO, PEDRO DR.  
Address        8140 NW 155TH STREET 101  
City-State-Zip: MIAMI LAKES FL 33016

Title            SEC  
Name            ROMERO, ENZEQUIEL DR.  
Address        8140 NW 155TH STREET 101  
City-State-Zip: MIAMI LAKES FL 33016

Title            TREASURER  
Name            SHEALY, MICHAEL  
Address        8140 NW 154TH STREET 101  
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 , DR.**

**PRESIDENT**

**12/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date