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

2019 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 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	
	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 SUITE 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

04/17/2019 Date

04/17/2019 Date

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 17, 2019 Secretary of State 3998191007CC