

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001278

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

FILED
Feb 13, 2014
Secretary of State
CC8450998765

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:

MIRZA BASULTO & ROBBINS, LLP
14160 NW 77 COURT
SUITE 22
MIAMI LAKES, FL 33016 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:

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 POLA, LOURDES
Address 8140 NW 155TH STREET 101
City-State-Zip: MIAMI LAKES FL 33016

Title SEC
Name CARBALLO, PEDRO
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

PRESIDENT

02/13/2014

Electronic Signature of Signing Officer/Director Detail

Date