2013 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:

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

Officer/Director Detail:

TitlePRESIDENTTitleSECRETARYNameGARCIA, JUANNameFEAS, ALINA

Address 8140 NW 155TH STREET 101 Address 8140 NW 155TH STREET 101

City-State-Zip: MIAMI LAKES FL 33016 City-State-Zip: MIAMI LAKES FL 33016

Title VP Title D

NameCARBALLO, PEDRONameCORDOVES, LOURDESAddress8140 NW 155TH STREET 101Address8140 NW 154TH STREET 101City-State-Zip:MIAMI LAKES FL 33016City-State-Zip:MIAMI LAKES FL 33016

Title TD

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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/01/2013

Date

FILED Apr 01, 2013

Secretary of State

CC8709876312

Date