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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBINSON, JESSICA L

### FEI Number: 20-2496949

#### Name and Address of Current Registered Agent:

ROBINSON, JESSICA L 18501 MURDOCK CIRCLE SUITE 507 PORT CHARLOTTE, FL 33948 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	: JESSICA ROBINSON			01/13/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	VSTD	
Name	ROBINSON, JESSICA L	Name	TROMBLE, STEPHANIE M	
Address	18501 MURDOCK CIRRCLE SUITE 507	Address	18501 MURDOCK CIRRCLE SUITE 507	
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948	

# 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031881

Entity Name: OAK PARK PROFESSIONAL CENTER, INC.

### **Current Principal Place of Business:**

18501 MURDOCK CIRRCLE SUITE 507 PORT CHARLOTTE, FL 33948

## **Current Mailing Address:**

18501 MURDOCK CIR SUITE 507 PORT CHARLOTTE, FL 33948

PRESIDENT

01/13/2021

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date