

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90127 011 ***150.00

DOCUMENT # P98000064677

1. Entity Name

154TH STREET MEDICAL PLAZA, INC.



Principal Place of Business

6447 MIAMI LAKES DRIVE
SUITE 105
MIAMI LAKES FL 33014
US

Mailing Address

% BLAIR RETCHIN
5385 NE 2ND AVENUE
MIAMI FL 33137



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0851053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOLAND, BRUCE JAY

~~801 BRICKELL AVENUE SUITE 1501~~
~~MIAMI FL 33131~~

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

80 SW 8th Street Suite 305

City

MIAMI

FL

Zip Code
33130

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME RETCHIN, BLAIR
STREET ADDRESS ~~801 BRICKELL AVENUE SUITE 1501~~
CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE Same ☐ Change ☐ Addition
NAME
STREET ADDRESS 80 SW 8th Street Suite 305
CITY-ST-ZIP MIAMI, FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BLAIR RETCHIN 3/29/06 7569977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #