
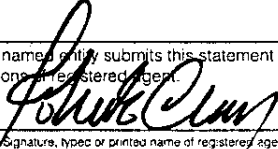
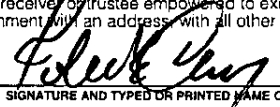


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90017 005 ***158.75

DOCUMENT # P94000016228 1. Entity Name 8TH STREET MEDICAL PLAZA, INC.					
Principal Place of Business 825 SW 87 AVE. 2ND FLOOR STE C MIAMI, FL 33174 US			Mailing Address 825 SW 87 AVE. 2ND FLOOR STE C MIAMI, FL 33174 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-0466622				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RETCHIN, BLAIR 5385 NE 2ND AVE MIAMI, FL 33137			Name ROBERTO E. CRUZ, M.D. Street Address (P.O. Box Number is Not Acceptable) 5378 W. 16 AVE City HIALEAH FL 33012		
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 a registered agent.					
SIGNATURE 			DATE 2/27/04		
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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DST <input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRUZ, ROBERTO	NAME	ROBERT E. CRUZ, M.D.		
STREET ADDRESS	1790 W 49 STREET	STREET ADDRESS	5378 W. 16 AVE		
CITY-ST-ZIP	HIALEAH, FL	CITY-ST-ZIP	HIALEAH, FL 33012		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			DATE 2/27/04 (305) 821-9791		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		