

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000035167

1. Entity Name  
MEDICAL PLAZA MANAGEMENT, INC.



Principal Place of Business  
5385 NE 2ND AVENUE  
MIAMI, FL 33137 US

Mailing Address  
5385 NE 2ND AVENUE  
MIAMI, FL 33137 US



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0830477

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TOLAND, BRUCE JAY ESQ.  
80 SW 8TH STREET  
SUITE 2805  
MIAMI, FL 33130

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RETCHIN, BLAIR  
STREET ADDRESS 80 SW 8TH ST., SUITE 2805  
CITY-ST-ZIP MIAMI, FL 33130

TITLE VS  
NAME RETCHIN, MONICA  
STREET ADDRESS 80 SW 8TH ST., SUITE 2805  
CITY-ST-ZIP MIAMI, FL 33130

TITLE V  
NAME HERNANDEZ, RUDY  
STREET ADDRESS 80 SW 8TH ST., SUITE 2805  
CITY-ST-ZIP MIAMI, FL 33130

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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05/09/07-80042-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07  
Date

305  
7569977  
Daytime Phone #