

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035167

FILED
Jan 07, 2009
Secretary of State

Entity Name: MEDICAL PLAZA MANAGEMENT, INC.

Current Principal Place of Business:

5385 NE 2ND AVENUE
MIAMI, FL 33137 US

New Principal Place of Business:

5385 NE 2ND AVENUE
SABAL PALM SHOPPING CENTER
MIAMI, FL 33137 US

Current Mailing Address:

5385 NE 2ND AVENUE
MIAMI, FL 33137 US

New Mailing Address:

5385 NE 2ND AVENUE
SABAL PALM SHOPPING CENTER
MIAMI, FL 33137 US

FEI Number: 65-0830477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RETCHIN, BLAIR
Address: 80 SW 8TH ST., SUITE 2805
City-St-Zip: MIAMI, FL 33130

Title: VS () Delete
Name: RETCHIN, MONICA
Address: 80 SW 8TH ST., SUITE 2805
City-St-Zip: MIAMI, FL 33130

Title: V () Delete
Name: HERNANDEZ, RUDY
Address: 80 SW 8TH ST., SUITE 2805
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BLAIR N. RETCHIN

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date