

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # S90075 1. Entity Name 54TH ST. MEDICAL PLAZA, INC.	
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Principal Place of Business 5385 N.E. 2ND AVENUE MIAMI, FL 33137	Mailing Address 5385 N.E. 2ND AVENUE MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0293220	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RETCHIN, BLAIR
5385 N.E. 2ND AVENUE
MIAMI, FL 33137

**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 _____ (NOTE: Registered Agent signature required when re-registering) 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRUZ, ROBERTO M.D 8116 SW 110TH AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RETCHIN, BLAIR 5385 NE 2ND AVE MIAMI, FL
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05/09/07-80042-022 150.00

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 4/28/07 305 7569977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #