2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# S90075

Entity Name: 54TH ST. MEDICAL PLAZA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0293220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RETCHIN, BLAIR
5385 N.E. 2ND AVENUE
MIAMI, FL 33137 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: ST ( ) Delete
Name: CRUZ, ROBERTO M.D,
Address: 8116 SW 1101
City-St-Zip: MIAMI, FL 33156

Title: P ( ) Delete
Name: RETCHIN, BLAIR,
Address: 5385 NE 2ND AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 RETCHIN PRES 02/09/2009

Electronic Signature of Signing Officer or Director Date