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95 APR 26 PM 1:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # S90075 (0)

**1. Corporation Name
54TH ST. MEDICAL PLAZA, INC.**

**Principal Place of Business Mailing Address
5385 N.E. 2ND AVENUE MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/1991 **3a. Date of Last Report 02/18/1994**
4. FEI Number 65-0203220 **Applied For Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
9. This corporation has liability for intangible tax under S. 190.032, Florida Statutes **Yes** **No**

2. Principal Place of Business 2a. Mailing Address
21 **26**
22 **27**
23 **28**
24 **25** **29** **30**

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reappointing) **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, ROBERTO M.D	1.2 NAME	
STREET ADDRESS	8888 SW 120 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RETCHIN, BLAIR	2.2 NAME	
STREET ADDRESS	5385 NE 2ND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 2 or Block 3 of this report, or on an appointment with an address.

SIGNATURE: **BLAIR RETCHIN 4/21/95 756-9977** (308)