

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F06175

1. Entity Name
PLAZA MEDICAL CENTERS, CORP.



Principal Place of Business
**11211 SW 152ND ST.
MIAMI, FL 33157 US**

Mailing Address
**11211 SW 152ND ST.
MIAMI, FL 33157 US**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2042126

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ANGEL, SPENCER
12550 BISCAYNE BLVD., SUITE 500
NORTH MIAMI, FL 33181**

**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

1/9/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000781408
01/15/08-80033-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANGEL, SPENCER
STREET ADDRESS	11211 SW 152ND ST.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	STD
NAME	OH, TAEHO
STREET ADDRESS	11211 SW 152ND ST.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VP
NAME	CAVANAUGH, MICHAEL
STREET ADDRESS	11211 SW 152ND ST.
CITY-ST-ZIP	MIAMI, FL 33157
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**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/9/08

Daytime Phone #

305-818-17180