

F06175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

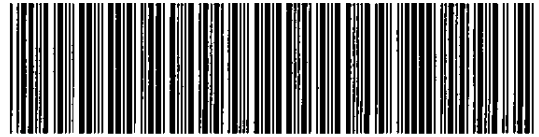
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900159846869

RA address change

03/02/09--01027--005 **35.00

FILED
2009 SEP -2 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ASR
9/13/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Plaza Medical Centers, Corp
Name of Corporation

DOCUMENT NUMBER: F06175

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SPENCER ANGEL
Name of Contact Person

Plaza Medical Centers, Corp
Firm/Company

11211 SW 152nd Street
Address

Miami, Florida 33157
City/State and Zip Code

scangel@ppmcr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SPENCER ANGEL at (305) 255-1355
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Plaza Medical Centers, Corp
2. The principal office address: 11211 SW 152nd Street, Miami, Florida 33157
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/19/80 Document number: F06175
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

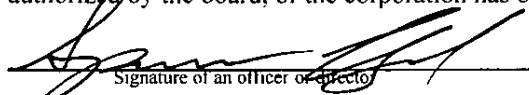
SPENCER ANGEL
12550 Biscayne Blvd., Ste 500
North Miami, Florida 33181

FILED
2009 SEP -2 AM 10:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SPENCER ANGEL
80 SW 8th Street, Suite 2000
P.O. Box NOT acceptable
Miami, Florida 33130

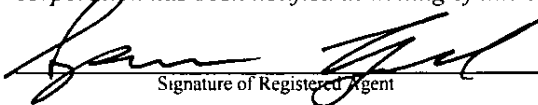
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

SPENCER ANGEL
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

8/27/09
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***