

F06175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

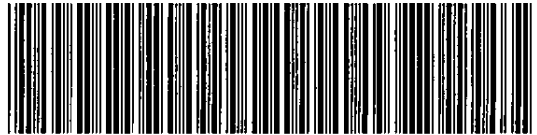
(Document Number)

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Certificates of Status \_\_\_\_\_

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RA address  
change

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

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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: FO6175
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

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SPENCER ANGEL

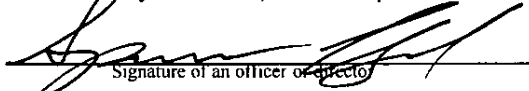
80 SW 8th Street, Suite 2000

P.O. Box NOT acceptable

Miami, Florida 33130

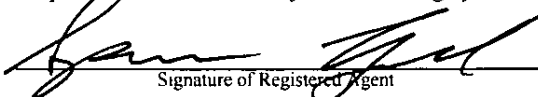
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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