

P09000077837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

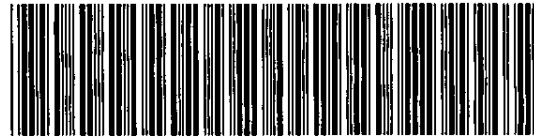
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/04/13--01012--025 **35.00

Amend

RECEIVED
11/13/13 11:57 AM

13 NOV 20 PM 4:57

11/21/13

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2013

GROVANNY SEPEELVEDA
INDESA
5827 DAHLIA DR.
ORLANDO, FL 32807

SUBJECT: MEDICAL PLAZA GROUP CORP
Ref. Number: P09000077837

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 213A00025977

RECEIVED
13 NOV 20 PM 12:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

*corrected copy
included.
Thank you.*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MEDICAL PLAZA GROUP CORP
DOCUMENT NUMBER: 909000077837

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SWAN RIVAS
Name of Contact Person
MEDICAL PLAZA GROUP CORP
Firm/ Company
9570 APRIL ROAD
Address
CUTLER BAY FLORIDA 33157
City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SWAN RIVAS at (786) 399-7610
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

Articles of Amendment
to
Articles of Incorporation
of

MEDICAL PLAZA GROUP CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

909000077837

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

9510 APRIL ROAD
CUTLER BAY, FLORIDA 33157

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

9510 APRIL ROAD
CUTLER BAY, FLORIDA 33157

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent JUAN B. RIVERA
9510 APRIL ROAD
(Florida street address)

New Registered Office Address: CUTLER BAY, Florida 33157
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Juan B. Rivera
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----------|-------------------------|--|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>VP</u> | <u>ALFONSO CHAPARRO</u> | <u>998 W. TAFT VINELAND RD</u>
<u>Orlando, FL 32824</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>VP</u> | <u>ANA M. GARZON</u> | <u>9510 HAIL ROAD</u>
<u>CUTLER BAY, FL 33157</u> |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____ |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____ |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____ |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____ |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

See attached letter

Mr. Alfonso Chaparro was not an
incorporator nor registered agent in the
original documents filed. When these
changes are affected the corporation
will have as officers: Juan B Rivas
as President and Ana M. Garzon as Vice
President

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/28/2013

Signature Juan B Riva
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JUAN B RIVA
(Typed or printed name of person signing)

President
(Title of person signing)

October 26, 2013

Bank of America

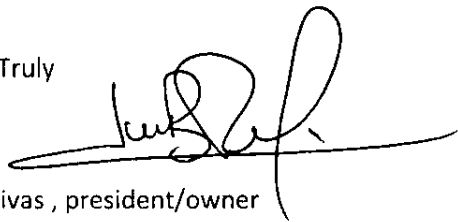
RE: Banking Authorization

Gentlemen:

This document is to serve as my standing authorization to the bank. There should not be any individual that will access my business account without my prior consent. No individual is to appear in the account for any type of transactions unless authorized and approved by me in writing. Therefore there will not be any additional individual added to the business checking account or any account maintained in your bank without my authorization and/or approval.

Thank you for your cooperation in this matter. Any questions relating to this matter, please contact me at 786-399-7610 or email me at medicalplaza407@hotmail.com.

Yours Truly

A handwritten signature in black ink, appearing to read 'Juan Rivas', with a long horizontal flourish extending to the right.

Juan Rivas , president/owner

Medical Plaza Group Corp.