

P09000077837

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000067138 3)))



H140000671383AEO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : BARINAS & ASSOCIATES INC.  
Account Number : I20000000082  
Phone : (305) 871-0889  
Fax Number : (305) 870-9623

DISSOLUTION OR WITHDRAWAL  
MEDICAL PLAZA GROUP CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$43.75

Dissolution

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 MAR 24 PM 3:42

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 25 2014

T. CARTER



March 21, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MEDICAL PLAZA GROUP CORP  
\*\*\*E-FILE\*\*\*BARINAS & ASSOCIATES INC\*\*\*  
CUTLER BAY, FL 33157US

SUBJECT: MEDICAL PLAZA GROUP CORP  
REF: P09000077837

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

If it is your intent to file the Notice of Corporate Dissolution along with the Articles of Dissolution please complete the Description of Information that must be included in a claim on the Notice of Dissolution. Otherwise, detach the Notice of Corporate Dissolution and return the Articles of Dissolution only.

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.

Tina D Carter  
Regulatory Specialist

FAX Aud. #: H14000067138  
Letter Number: 514A00006134

RECEIVED

14 MAR 24 AM 8:58

2014 MAR 24 11:53 AM  
FAX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEDICAL PLAZA GROUP CORP

**DOCUMENT NUMBER:** P09000077837

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

Please return all correspondence concerning this matter to the following:

YANELLE M BARINAS

(Name of Contact Person)

BARINAS AND ASSOCIATES INC

(Firm/Company)

5701 NW 36 ST

(Address)

MIAMI, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

YANELLE M BARINAS

(Name of Contact Person)

at (305) 871-0889

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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 DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
**MEDICAL PLAZA GROUP CORP**

SECOND: The document number of the corporation (if known): **P09000077837**

THIRD: The date dissolution was authorized: **MARCH 19, 2014**

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: \_\_\_\_\_

(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 RIVAS**

\_\_\_\_\_  
(Typed or printed name of person signing)

**PRESIDENT**

\_\_\_\_\_  
(Title of person signing)

Filing Fee: \$35

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 MAR 24 PM 3:42