

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**CORPORATION STATEMENT OF CHANGE  
OF KNOWN PLACE OF BUSINESS ADDRESS, PRINCIPAL OFFICE ADDRESS,  
OR STATUTORY AGENT**

*Read the Instructions C016i*

- 1. ENTITY NAME** – give the exact name of the corporation as currently shown in A.C.C. records:  
Plaza Del Rio Eye Clinic, P.C.

**2. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

Give the **NEW physical or street address** (not a P.O. Box) of the known place of business of the corporation in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		
<b>2.1</b> If you completed 2, is the NEW known place of business address in Arizona the same as the street address of the statutory agent? <input type="checkbox"/> Yes <input type="checkbox"/> No		

- 3. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS** – *see Instructions C016i* – give the **NEW physical or street address** (not a P. O. Box) of the foreign corporation required to be maintained in its state of organization, or, if not so required, of the foreign corporations statutory agent in its state or country of incorporation:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

**4. CHANGE IN EXISTING STATUTORY AGENT ADDRESS** – check all that apply and follow instructions:

- ☐ **STREET ADDRESS CHANGED** – complete number 4.1
- ☐ **MAILING ADDRESS CHANGED** – complete number 4.2

<b>4.1 NEW STREET ADDRESS</b> – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			<b>4.2 NEW MAILING ADDRESS</b> – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)	State	Zip	Address 2 (optional)	State	Zip
City	State	Zip	City	State	Zip

- 5.** ☐ **CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** – if the *name only* of the existing statutory agent listed in ACC records has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:

\_\_\_\_\_

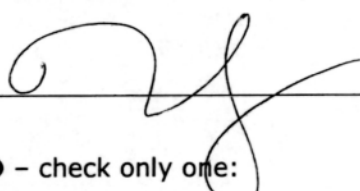
<b>6.</b> <input checked="" type="checkbox"/> <b>NEW STATUTORY AGENT</b> – if a new statutory agent is being appointed, check the box and complete the following for the <b>NEW statutory agent</b> :					
<b>6.1 REQUIRED</b> – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:			<b>6.2 OPTIONAL</b> – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Debora E Garcia Zalisnak, MD					
Statutory Agent Name					
Attention (optional)			Attention (optional)		
13340 N 94th Dr					
Address 1			Address 1		
Address 2 (optional)	AZ	85381	Address 2 (optional)		
City Peoria	State	Zip	City	State	Zip
<b>6.3 REQUIRED</b> – if you are appointing a new statutory agent, the <u>Statutory Agent Acceptance form M002</u> must be submitted along with this Statement of Change form.					

**SIGNATURE** – see *Instructions C016i* for who is authorized to make changes:

If the person signing this form is the existing statutory agent changing its own address, then by the signature appearing below, the existing statutory agent certifies *under penalty of law* that he or she has given the corporation named in number 1 above written notice of the address change.

By checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature  Printed Name Debora E. Garcia Zolinska, MD Date (mm/dd/yyyy) 03/28/2022

**REQUIRED** – check only one:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am the <b>Chairman of the Board of Director</b> of the corporation filing this document.	I am a duly-authorized <b>Officer</b> of the corporation filing this document.	I am a <b>Statutory Agent</b> changing only my own address and/or my own name.

**Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.**

Filing Fee: None (regular processing) All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax (for Regular or Expedite Service ONLY): 602-542-4100 Fax (for Same Day/Next Day Service ONLY): 602-542-0900
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Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.



Clear Form

Print Form

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**STATUTORY AGENT ACCEPTANCE***Please read Instructions M002i*

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Articles of Incorporation):

Plaza Del Rio Eye Clinic, P.C.

2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Debora E Garcia Zalisnak, MD

**3. STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

Signature

Debora E Garcia Zalisnak, MD

Printed Name

03/28/2022

Date

**REQUIRED** – check only one:

☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual (natural person) named as statutory agent.

☐ **Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

**Expedited services are available for an additional fee – see Instructions or Cover sheet for prices.**

Filing Fee: none (regular processing)  
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

# Arizona Corporation Commission Corporations Division

## Website Entity Detail. <http://ecorp.azcc.gov/>

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### Entity Known Place of Business

Address:	13340 N 94TH DRIVE, PEORIA, AZ, 85381, USA	County:	Maricopa	Last Updated:	10/21/2021
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### Entity Principal Office Address

Address:	County:	Last Updated:
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Corporations Division

## COMMISSIONERS

Lea Márquez Peterson - Chairwoman  
 Sandra D. Kennedy  
 Justin Olson  
 Anna Tovar  
 Jim O'Connor

Date: 4/18/2022

Delivered via: Email

dgarcia@pdreyeclinicaz.com  
 AZ  
 USA

RE:   **Entity Name:**                   PLAZA DEL RIO EYE CLINIC, P.C.  
      **ACC Order Number:**       202204111669990  
      **Document Received Date:**   04/05/2022  
      **Rejected Document ID:**     10647319

If you submitted a payment, it has been deposited and is nonrefundable pursuant to A.R.S. § 10-122(A) or § 10-3122(A), unless otherwise noted below.

The Statement of Change - Corps you submitted is REJECTED for the following reasons:

1. No title for the person signing is indicated in the signature area. Please provide the signer's title. If you don't know the title, and if the entity is already in existence, you may be able to look up the title of the person signing on our website.
2. The document was not signed. Please sign the document, print the name of the person signing, and write the date of signing., and
3. The printed name of the person signing was not provided. In the signature section, please print the name of the person who signed the document.

**Rejection Comments:** Section 5 is for a name change only this will only be filled out if, for example, the person gets married and changes the name or if the person has legally changed their name only, please correct and resubmit

YOU CAN RESUBMIT ONE OF THE FOLLOWING WAYS:

**ONLINE - Only if:**

- You originally submitted online, and
- There are no payment issues noted above, and
- No new document type is required.

**PAPER - Only if:**

- You originally submitted by mail or over the counter, or
- There is a payment issue, or
- A different or new document type is required.

For **online** resubmission, log into your account and select the document under "My Rejected Filings."

For **paper** resubmission, return to the ACC the following:

- All pages of the corrected or revised document, including any original attachments;
- Any additional documents or forms required as noted in the above reasons for rejection;
- Payment of any amounts owed as noted in the above reasons for rejection; and
- A copy of this letter (we must have the Rejected Document ID).

If you have questions, review the Instructions to the document you submitted for more detailed information. You may also contact Customer Service at 602-542-3026 or, within Arizona only, 800-345-5819.

Division Director Tanya Gibson  
1300 W.Washington Street, Phoenix, AZ 85007 | 602-542-3026 | [azcc.gov](http://azcc.gov)



# Arizona Corporation Commission Corporations Division

## Website Entity Detail. <http://ecorp.azcc.gov/>

### Entity Details

Entity Name:	PLAZA DEL RIO EYE CLINIC, P.C.	Entity ID: 09717886
Entity Type:	Domestic Professional Corporation	Entity Status: Active
Formation Date:	12/11/2000	Reason for Status: <u>In Good Standing</u>
Approval Date:	12/11/2000	Status Date:
Original Incorporation Date:	12/11/2000	Life Period: Perpetual
Business Type:	Medical Practice - Ophthalmology	Last Annual Report Filed: 2021
Domicile State:	Arizona	Annual Report Due Date: 12/11/2022
Years Due:		
Original Publish Date:	1/16/2001	

①

### Statutory Agent Information

Name:	CHRYSANNE RINDERKNECHT	Appointed Status: Active
Attention:		
Address:	13340 N 94TH DRIVE, PEORIA, AZ 85381, USA	Agent Last Updated: 10/21/2021
Attention:		Mailing Address:
E-mail:	chrysr26@gmail.com	County:

### Principal Information

②

Title	Name	Address	Date of Taking Office	Last Updated
President	Deborah E Garcia Zalisnak	13340 N 94th Dr, PEORIA, AZ, 85381, Maricopa County, USA	1/1/2022	1/14/2022
Director	Deborah E Garcia Zalisnak	13340 N 94th Dr, PEORIA, AZ, 85381, Maricopa County, USA	1/1/2022	1/14/2022
Shareholder	Deborah E Garcia Zalisnak			1/14/2022

The name is Debora and not Deborah. Please correct.



RECEIVED

MAY 02 2022

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

April 26, 2022

To whom it may concern,

I am resubmitting paperwork to remove and add a statutory agent for our entity Plaza Del Rio Eye Clinic, P.C. Please view listed items that the AZ Corp Commission asked for.

Rejection ID: 10647267- A check for 10 dollars has been included in this letter as requested.

Rejection Document ID: 10647319- I have added the title to the person signing. The document is signed and the printed name of person is shown. Section 5 has been removed.

Last request, Dr Debora E Garcia Zalisnak's name is misspelled. All paperwork was submitted with "Debora" but the website when we search the entity is "Deborah." Can we please correct to reflect the filling? I submitted a print out of the website.

Warmest Regards,



Herendira Ma

Practice Manager

RECEIVED

22050412307686

MAY 02 2022

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Clear Form

Print Form

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

## ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

## COVER SHEET

**USE A SEPARATE COVER SHEET FOR EACH DOCUMENT**  
**\*\* ORDER COPIES USING A RECORDS REQUEST FORM \*\***

## WHAT ARE YOU FILING?

☐ New Entity ☒ Change to existing entity ☒ Re-submission of rejected filing

ENTITY NAME - give the exact name of the entity as currently shown in A.C.C. records:

Plaza Del Rio Eye Clinic, P.C.

EXPEDITED PROCESSING? ☐ YES - select 1 option below ☒ NO - pay only the filing feeNOTE: A current phone number is required for ALL Same Day/Next Day services. Same Day/Next Day service will not guarantee approval of submitted document(s) and only guarantees that the document(s) will be examined within the stated time frames. All fees are nonrefundable. Document filing fees are listed on the bottom of each form or on the fee schedule on our website, <http://ecorp.azcc.gov>, under the FAQs.☐ EXPEDITED PROCESSING, ADD \$35.00☐ SAME DAY SERVICE, ADD \$200.00

Document will be examined by 5:00pm MST and must be received by 10:00am MST

☐ TWO-HOUR SERVICE, ADD \$400.00☐ NEXT DAY SERVICE, ADD \$100.00Document will be examined within 2-hours of submission  
Must be received by 3:00pm MST

Document will be examined by 5:00pm MST on the next business day. Must be received by 5:00pm MST

## PAYMENT:

☐ MOD Account #: Total amount to deduct:

Cash - do not mail cash. We do not accept bills over \$20.00.

Cash may be used only for in-person submittals at the Phoenix office ONLY (Tucson does not accept cash).

Checks or money orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).

Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa or MasterCard.

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):  
NOTE: PHONE NUMBER REQUIRED FOR ALL RETURN DELIVERY OPTIONS

<input checked="" type="checkbox"/> Email	Email address REQUIRED: dgarcia@pdreyeclinikaz.com		
	Phone number REQUIRED: 7579334159		
<input type="checkbox"/> Pick up	Name:		
	Phone number REQUIRED:		
<input type="checkbox"/> Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone number REQUIRED:		

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

## FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: DATE:

View current processing times at: <http://azcc.gov/docs/default-source/corps-files/document-processing-times.pdf>