

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086642

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: ALEJANDRO CINTAS, M.D., P.A.

**Current Principal Place of Business:**

PO BOX 262797  
TAMPA, FL 336852797

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 262797  
TAMPA, FL 336852797

**New Mailing Address:**

FEI Number: 71-0897883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CINTAS, ALEJANDRO MD  
4701 W SAN CARLOS ST  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CINTAS, ALEJANDRO MD  
Address: 4701 W SAN CARLOS ST  
City-St-Zip: TAMPA, FL 336292797

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO CINTAS

P

01/06/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date