

P09000000761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

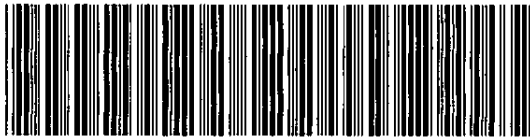
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIDEL CINTAS MD, PA
(Name of Corporation)

DOCUMENT NUMBER: PO9000000761

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

FIDEL CINTAS
(Name of Person)

FIDEL CINTAS MD, PA
(Name of Firm/Company)

4625 NW 99 TH AVENUE APT 109
(Address)

DORAL FL 33178-3325
(City/State and Zip Code)

For further information concerning this matter, please call:

FIDEL CINTAS at (305) 992-2318
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State. CK #119 02106109

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Cristina C Varela, hereby resign as Secretary
(Title)

of Fidel Cintas MD, PA
(Name of Corporation)

P09000000761, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314