I hereby certify that the information indicated on this report or supplemental report is true and oath; that I am an officer or director of the corporation or the receiver or trustee empowered to		
above, or on an attachment with all other like empowered.		
SIGNATURE: FIDEL CINTAS MD	PRESIDENT	06/01/2020

SIGNATURE: FIDEL CINTAS MD

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

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:	: NATALIA TIMMONS			06/01/2020
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	Ρ	Title	VP	
Name	CINTAS, FIDEL MD	Name	CINTAS, FIDEL MD	
Address	PO BOX 260548	Address	PO BOX 260548	
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126	

# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0900000761

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

## **Current Principal Place of Business:**

8260 WEST FLAGLER STREET SUITE 2-J MIAMI, FL 33144

## **Current Mailing Address:**

PO BOX 260548 MIAMI, FL 33126 US

#### FEI Number: 26-3961357

### Name and Address of Current Registered Agent:

TIMMONS, NATALIA ESQ. 9420 SW 73 AVENUE PINECREST, FL 33156 US

**FILED** Jun 01, 2020 **Secretary of State** 0290815737CC

Date

PRESIDENT