

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6380

From: Account Name : CSH SERVICES, LLC
 Account Number : I20070000160
 Phone : (800) 494-3124
 Fax Number : (561) 455-9885

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

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REGISTERED AGENT CHANGE
CINTRA HEALTH CARE INC

Certificate of Status	0
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Corporate Filing Menu

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Handwritten signature and date: 9/30/10

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CINTRA HEALTH CARE INC
2. The principal office address: 15715 S DIXIE HIGHWAY, STE 227
PALMETTO BAY, FLORIDA 33157
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/24/2005 Document number: P05000075319

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CHARLES N TRUJILLO

16160 SW 87TH AVENUE

MIAMI, FLORIDA 33157

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LUIS VAZQUEZ

16160 SW 87TH AVENUE

(P.O. Box NOT acceptable)

MIAMI, FLORIDA 33157

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Silvia Trujillo
(Signature of an officer or director)

Silvia Trujillo

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Luis Vazquez
(Signature of Registered Agent)

September 30, 2010

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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