

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075319

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** CINTRA HEALTH CARE INC

**Current Principal Place of Business:**

15715 SOUTH DIXIE HIGHWAY  
SUITE 213  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

15715 SOUTH DIXIE HIGHWAY  
SUITE 213  
PALMETTO BAY, FL 33157

**New Mailing Address:**

**FEI Number:** 42-1670203      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VAZQUEZ, LUIS  
16160 SW 87 AVE  
MIAMI, FL 33157    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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** TRUJILLO, SILVIA E  
**Address:** 15715 SOUTH DIXIE HIGHWAY SUITE 213  
**City-St-Zip:** PALMETTO BAY, FL 33157

I hereby 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 all other like empowered.

SIGNATURE: SILVIA TRUJILLO

PRES

04/12/2012

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

\_\_\_\_\_ Date