

P09000000761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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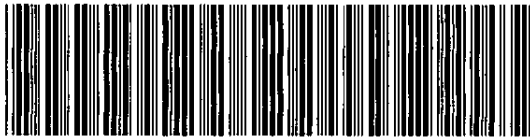
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten:* 0000  
2/16/09

**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)

**FILED**  
**09 FEB 11 PM 1:26**  
**SECRETARY OF STATE**  
**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