

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000761

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

FILED  
Feb 26, 2010  
Secretary of State

**Current Principal Place of Business:**

5960 N.W. 7TH STREET  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2605481  
MIAMI, FL 33126

**New Mailing Address:**

P. O. BOX 260548  
MIAMI, FL 33126 US

FEI Number: 26-3961357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

VARELA, CRISTINA C  
4625 N.W. 99TH AVENUE, #109  
DORAL, FL 33178 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CINTAS, FIDEL MD  
Address: 4625 N.W. 99TH AVENUE, #109  
City-St-Zip: DORAL, FL 33178 US

Title: VP  
Name: CINTAS, FIDEL MD  
Address: 4625 N.W. 99TH AVENUE, #109  
City-St-Zip: DORAL, FL 33178 US

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: FIDEL CINTAS

P

02/26/2010

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

\_\_\_\_\_ Date