

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000081729

Entity Name: Z. CINTRON, M.D., P.A.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1400 S. ORLANDO AVE STE 310  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1400 S. ORLANDO AVE STE 310  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 59-3408514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CINTRON, ZULMA  
1400 S. ORLANDO AVE STE 310  
WINTER PARK, FL 32789 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: MD  
Name: CINTRON, ZULMA  
Address: 1400 S. ORLANDO AVE STE 310  
City-St-Zip: WINTER PARK, FL 32789

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: ZULMA CINTRON

M.D.

04/11/2012

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

\_\_\_\_\_  
Date