


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000083195

1. Entity Name
MARCOS E. CINTRON, M.D., P.A.



Principal Place of Business 8540 DUNDEE TERRACE MIAMI LAKES, FL 33016	Mailing Address 8540 DUNDEE TERRACE MIAMI LAKES, FL 33016
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DO NOT WRITE IN THIS SPACE



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0806304	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SALAZAR, GERMAN A
 15350 N.W. 79TH CT.
 MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVT CINTRON, MARCOS E 8540 DUNDEE TERRACE MIAMI LAKES, FL 33016
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 07/29/04-80009-007 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcos E. Cintron (MARCOS E. CINTRON) 7/22/04 305-793-8456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #