

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90032 045 \*\*\*158.75

DOCUMENT # P97000083195  
 1. Entity Name  
 MARCOS E. CINTRON, M.D., P.A.



Principal Place of Business Mailing Address  
 8540 DUNDEE TERRACE 8540 DUNDEE TERRACE  
 MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02062006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For  
 65-0806304 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SALAZAR, GERMAN A  
 15350 N.W. 79TH CT.  
 MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent  
 Name ALBERT P VEGA CPA PA  
 Street Address (P.O. Box Number is Not Acceptable)  
 3000 ALCAZAR AVE #302  
 City CORAL GABLES FL Zip Code 33134

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 DATE 2/7/2006

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPVT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CINTRON, MARCOS E			NAME			
STREET ADDRESS	8540 DUNDEE TERRACE			STREET ADDRESS			
CITY ST ZIP	MIAMI LAKES, FL 33016			CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY ST ZIP				CITY ST ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments.

SIGNATURE: DATE 2/10/06 DAYTIME PHONE 305-793-8456  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARCOS E CINTRON