

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# V64860

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Entity Name:** MAURA CINTAS M.D. P.A.

**Current Principal Place of Business:**

9000 SW 137TH AVENUE  
SUITE 204  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

9000 SW 137TH AVENUE  
SUITE 204  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 65-0377583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CINTAS, MAURA MD  
9748 SW 110 ST  
MIAMI, FL 33176 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: MAURA CINTAS MD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: MAURA, CINTAS  
Address: 9748 SW 110TH ST  
City-St-Zip: MIAMI, FL 33176

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: MAURA CINTAS MD

CEO

10/01/2010

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

\_\_\_\_\_  
Date