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.

PRESIDENT

SIGNATURE: FIDEL CINTAS

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

TIMMONS, NATALIA ESQ. 9420 SW 73 AVENUE PINECREST, FL 33156 US

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	: NATALIA TIMMONS		03/22/2018			
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	Ρ	Title	VP			
Name	CINTAS, FIDEL MD	Name	CINTAS, FIDEL MD			
Address	PO BOX 260548	Address	PO BOX 260548			
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126			

SUITE 2-I MIAMI, FL 33144

Current Mailing Address:

Entity Name: FIDEL CINTAS M.D., P.A. **Current Principal Place of Business:**

8260 WEST FLAGLER STREET

PO BOX 260548 MIAMI, FL 33126 US

FEI Number: 26-3961357

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P0900000761

Certificate of Status Desired: No

Mar 22, 2018 Secretary of State CC2919991165

FILED

03/22/2018 Date