

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000000761

**Entity Name:** FIDEL CINTAS M.D., P.A.

**Current Principal Place of Business:**

8260 WEST FLAGLER STREET  
SUITE 2-I  
MIAMI, FL 33144

**Current Mailing Address:**

PO BOX 260548  
MIAMI, FL 33126 US

**FEI Number: 26-3961357**

**Certificate of Status Desired:** No

**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

03/24/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	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

*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: FIDEL CINTAS

PRESIDENT

03/24/2019

Electronic Signature of Signing Officer/Director Detail

Date