

**2015 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

**FILED**  
**Apr 18, 2015**  
**Secretary of State**  
**CC0834051628**

**Current Mailing Address:**

9420 SW 73 AVE  
PINECREST, FL 33156 US

**FEI Number: 26-3961357**

**Certificate of Status Desired: No**

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

VARELA, CRISTINA C  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	CINTAS, FIDEL MD	Name	CINTAS, FIDEL MD
Address	9420 SW 73 AVENUE	Address	9420 SW 73 AVENUE
City-State-Zip:	PINECREST FL 33156	City-State-Zip:	PINECREST FL 33156

*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**

**04/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date