# above, or on an attachment with all other like empowered.

#### SIGNATURE: FIDEL CINTAS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P0900000761

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

### **Current Principal Place of Business:**

5960 N.W. 7TH STREET А MIAMI, FL 33126

## **Current Mailing Address:**

P. O. BOX 260548 MIAMI, FL 33126 US

# FEI Number: 26-3961357

# 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

# **Officer/Director Detail :**

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

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

PRESIDENT

03/24/2013 Date

## FILED Mar 24, 2013 Secretary of State CC8452712396

Certificate of Status Desired: No

Date