

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121567

FILED  
May 31, 2007  
Secretary of State

Entity Name: TRIAGE MANAGEMENT, INC.

**Current Principal Place of Business:**

10700 SW 108TH AVENUE  
C309  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 160684  
MIAMI, FL 33116

**New Mailing Address:**

FEI Number: 20-5570077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SLATON, DAVID R ATTY  
169 EAST FLAGLER STREET  
1224  
MIAMI, FL 33131 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MIRANDA, DIANE  
Address: PO BOX 160684  
City-St-Zip: MIAMI, FL 33116

Title: VPD ( ) Delete  
Name: BUGLIARO, LAURA J  
Address: PO BOX 160684  
City-St-Zip: MIAMI, FL 33116

Title: TD ( ) Delete  
Name: WILSON, JAMEE D  
Address: PO 160684  
City-St-Zip: MIAMI, FL 33116

Title: SD ( ) Delete  
Name: BUGLIARO, STEPHANIE M  
Address: PO 160684  
City-St-Zip: MIAMI, FL 33116

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANE MIRANDA

P

05/31/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date