

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jun 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Wortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 629338 (5)  
1. Corporation Name  
SANTIAGO H. TRIANA, M.D., P.A.

Principal Place of Business MEDICAL 70 BUILDING SUITE 7 150 NW 70TH AVE PLANTATION FL 33317	Mailing Address MEDICAL 70 BUILDING SUITE 7 150 NW 70TH AVE PLANTATION FL 33317-2911
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3. Date Incorporated or Qualified 07/02/1979	3a. Date of Last Report 08/05/1996
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2. Principal Place of Business 21 820 SW 84TH AVE Suite, Apt. #, etc. 22 # 104 City & State 23 Plantation, FL Zip 24 33324	2a. Mailing Address 26 820 SW 84TH AVE Suite, Apt. #, etc. 27 # 104 City & State 28 Plantation, FL Zip 29 33324	Country 30 Broward
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4. FEI Number 59-1921929	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent TRIANA, SANTIAGO H MEDICAL 70 BLDG SUITE 7 150 NW 70TH AVE PLANTATION FL FL	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD TRIANA, SANTIAGO H 150 NW 70TH AVE PLANTATION FL SEE # 2	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E034 (9/96)