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PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0303929

DOCUMENT # 629338

1. Corporation Name
SANTIAGO H. TRIANA, M.D., INC.

Principal Place of Business	Mailing Address
200 S.W. 84TH AVE #104 PLANTATION FL 33324 US	~~220 S.W. 84TH AVE~~ ~~#104~~ ~~PLANTATION FL 33324~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1979
4. FEI Number: 59-1921929 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26 4651 SHERIDAN ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 400
City & State 23	City & State 28 HOLLYWOOD FL
Zip 24 Country 25	Zip 29 33021 Country 30

9. Name and Address of Current Registered Agent

~~TRIANA, SANTIAGO H~~
~~220 S.W. 84TH AVE~~
~~#104~~
~~PLANTATION FL FL 33324~~

10. Name and Address of New Registered Agent

81 Name: JAY A MARTUS
82 Street Address (P.O. Box Number is Not Acceptable): 4651 SHERIDAN STREET
83 SUITE 400
84 City: HOLLYWOOD FL 85 Zip Code 33021

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: Jay A. Martus, Registered Agent (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating) DATE: 4/13/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1 1 TITLE	VP [X] Change [ ] Addition
NAME	TRIANA, SANTIAGO H		1 2 NAME	
STREET ADDRESS	220 S.W. 84TH AVE, #104		1 3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		1 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	2 1 TITLE	P/D [ ] Change [X] Addition
NAME			2 2 NAME	MITCHELL EISENBERG
STREET ADDRESS			2 3 STREET ADDRESS	4651 SHERIDAN STREET SUITE 400
CITY-ST-ZIP			2 4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE		[ ] DELETE	3 1 TITLE	EVP/D [ ] Change [X] Addition
NAME			3 2 NAME	LEWIS GID
STREET ADDRESS			3 3 STREET ADDRESS	4651 Sheridan Street Suite 400
CITY-ST-ZIP			3 4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		[ ] DELETE	4 1 TITLE	COO/D [ ] Change [X] Addition
NAME			4 2 NAME	Michael Schundler
STREET ADDRESS			4 3 STREET ADDRESS	4651 Sheridan Street, Suite 400
CITY-ST-ZIP			4 4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		[ ] DELETE	5 1 TITLE	VP/S [ ] Change [X] Addition
NAME			5 2 NAME	JAY A MARTUS
STREET ADDRESS			5 3 STREET ADDRESS	4651 Sheridan Street Suite 400
CITY-ST-ZIP			5 4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		[ ] DELETE	6 1 TITLE	[ ] Change [ ] Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

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****350.00 ****150.00

4-16-99

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14. I 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 on an attachment with an address, with all other like empowered.

SANTIAGO H. TRIANA, M.D. INC.
SIGNATURE: By: Jay A. Martus, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 1999 (954)986-7770