## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 28, 2000 08:00 AM DOCUMENT # 629338 1. Entity Name **Secretary of State** SANTIAGO H. TRIANA, M.D., INC. Principal Place of Business Mailing Address 200 S.W. 84TH AVE 4651 SHERIDAN ST., STE, 400 #104 PLANTATION FL HOLLYWOOD FL 33324 33021 2. Principal Place of Business 3. Mailing Address 200 S.W. 84TH AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 104 City & State City & State 4. FEI Number Applied For PLANTATION FL 59-1921929 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 33324 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTUS JAY 4651 SHERIDAN ST., STE. 400 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL33021 Zip Code 8. 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. 04/28/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VPS Delete TITLE ☐ Change ☐ Addition MARTUS NAME JAY STREET ADDRESS 4651 SHERIDAN ST., STE. 400 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD 33021 CITY-ST-ZIP TITLE ☐ Delete വവ TITLE CFOD X Change ☐ Addition NAME NAME ROBERT SCHUNDLER MICHAEL COWARD STREET ADDRESS 4651 SHERIDAN ST., STE. 400 STREET ACCRESS 4651 SHERIDAN ST., STE. 400 CITY-ST-ZIF HOLLYWOOD FT. 33021 CITY-ST-718 HOLLYWOOD FT. 33021 TITLE ☐ Delete TILE EVPD ☐ Change ☐ Addition NAME GOLD LEWIS NAME STREET ADDRESS 4651 SHERIDAN ST., STE. 400 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD 33021 CITY-ST-ZIP TITLE PD ☐ Defete TITLE ☐ Change ☐ Addition NAME EISENBERG MITCHELL NAME 4651 SHERIDAN ST., STE. 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD 33021 FL. CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition NAME TRIANA, SANTIAGO H NAME TRIANA SANTIAGO HM.D. 220 S.W. 84TH AVE, #104 220 S.W. 84TH AVE, #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL PLANTATION FL33317 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.