

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 629338**1. Entity Name  
SANTIAGO H. TRIANA, M.D., INC.

## Principal Place of Business

200 S.W. 84TH AVE  
SUITE 104  
PLANTATION  
33324

FL

US

## Mailing Address

4651 SHERIDAN ST., STE. 400  
HOLLYWOOD  
33021

FL

## 2. Principal Place of Business

1613 NORTH HARRISON PARKWAY, SUITE 200

## 3. Mailing Address

1613 NORTH HARRISON PARKWAY, SUITE 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

SUNRISE

FL

## City &amp; State

SUNRISE

FL

## 4. FEI Number

59-1921929

## Applied For

☐ Not ApplicableZip  
33323Country  
USZip  
33323

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MARTUS JAY A  
4651 SHERIDAN ST., STE. 400HOLLYWOOD  
33021

FL

US

## 7. Name and Address of New Registered Agent

## Name

MARTUS JAY A

Street Address (P.O. Box Number is Not Acceptable)  
1613 NORTH HARRISON PARKWAY, SUITE 200City  
SUNRISE

FL

Zip Code  
33323

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.

SIGNATURE \_\_\_\_\_ 02/23/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE VPS ☐ Delete  
NAME MARTUS JAY A  
STREET ADDRESS 4651 SHERIDAN ST., STE. 400  
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE CFOD ☐ Delete  
NAME COWARD ROBERT  
STREET ADDRESS 4651 SHERIDAN ST., STE. 400  
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE EVPD ☐ Delete  
NAME GOLD LEWIS  
STREET ADDRESS 4651 SHERIDAN ST., STE. 400  
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE PD ☐ Delete  
NAME EISENBERG MITCHELL  
STREET ADDRESS 4651 SHERIDAN ST., STE. 400  
CITY-ST-ZIP HOLLYWOOD FL 33021TITLE VP ☒ Delete  
NAME TRIANA SANTIAGO HMD.  
STREET ADDRESS 220 S.W. 84TH AVE, #104  
CITY-ST-ZIP PLANTATION FL 33317TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPS ☒ Change ☐ Addition  
NAME MARTUS JAY A  
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200  
CITY-ST-ZIP SUNRISE FL 33323TITLE CFOD ☒ Change ☐ Addition  
NAME COWARD ROBERT  
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200  
CITY-ST-ZIP SUNRISE FL 33323TITLE EVPD ☒ Change ☐ Addition  
NAME GOLD LEWIS  
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200  
CITY-ST-ZIP SUNRISE FL 33323TITLE PD ☒ Change ☐ Addition  
NAME EISENBERG MITCHELL  
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200  
CITY-ST-ZIP SUNRISE FL 33323TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: Jay A. Martus

VP

02/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)