

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000105895

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: ELIZABETH A. TRIANA, M.D., P.A.

**Current Principal Place of Business:**

3155 HARBOR BLVD., STE. 100  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

3155 HARBOR BLVD., STE. 100  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

FEI Number: 65-1053756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAYMANS, MICHAEL P  
3155 HARBOR BLVD., STE. 100  
PORT CHARLOTTE, FL 33952 US

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

TRIANA, ELIZABETH A MD  
3155 HARBOR BLVD., STE. 100  
PORT CHARLOTTE, FL 33952 US

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: ELIZABETH A. TRIANA MD, P.A.

01/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: TRIANA, ELIZABETH A DR.  
Address: 3155 HARBOR BLVD., STE. 100  
City-St-Zip: PORT CHARLOTTE, FL 33952

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

Title: PRES (X) Change ( ) Addition  
Name: TRIANA, ELIZABETH A DR.  
Address: 3155 HARBOR BLVD., STE. 100  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: ELIZABETH A. TRIANA, MD

DIR

01/08/2008

Electronic Signature of Signing Officer or Director

Date