

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

FILED

**Jan 31 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 678343 (5)

1. Corporation Name
PIO M. SIAN, M.D., P.A.



Principal Place of Business 800 E. STRAWBRIDGE AVE. MELBOURNE FL 32801 US	Mailing Address 800 E. STRAWBRIDGE AVE. MELBOURNE FL 32801-4737 US
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3. Date Incorporated or Qualified 07/14/1980	3a. Date of Last Report 06/11/1996
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21. Principal Place of Business 800 E. STRAWBRIDGE AVE.	22. Suite, Apt. #, etc. AVE.	23. City & State MELBOURNE, FLORIDA	24. Zip 32901	25. Country U.S.
26. Mailing Address 800 E. STRAWBRIDGE AVE.	27. Suite, Apt. #, etc. AVE.	28. City & State MELBOURNE, FLORIDA	29. Zip 32901	30. Country U.S.

4. FEI Number 59-2009115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SIAN, PIO M., M.D.
800 E. STRAWBRIDGE AVE.
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

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: **PIO M. SIAN, M.D., P.A.** *[Signature]* DATE: _____

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIAN, HIRFA	
STREET ADDRESS	800 E. STRAWBRIDGE AVE.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIAN, PIO M	
STREET ADDRESS	800 E. STRAWBRIDGE AVE.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	SIAN, HIRFA	
STREET ADDRESS	800 E. STRAWBRIDGE AVE.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE: **PIO M. SIAN, M.D., P.A.** *[Signature]* DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)