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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

678343

(5)

PIO M. SIAN, M.D., P.A.

## FILED Jan 28 1998 8:00am Secretary of State

Pi	rincipal Place of Business	Mailing Addre	SS S					
	800 E. STRAWBRIDGE AVE. MELBOURNE FL 32901 US	800 E. STRAWBRIDGE AVE. MELBOURNE FL 32901 US				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  07/14/1980		
2.	Principal Place of Business	h,	2a. Mailing Address			4, FEI Number	Applied For	
21	<u> </u>	26				59-2009115	Not Applicable	
22	Suite, Apt. #, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	City & State	City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
24		Zip <b>29</b>	30	intry		This corporation owes or has paid the currer Personal Property Tax due June 30.	· — ·	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
SIMI, FIU M., M.D.				81	Name			
MELBOURNE FL 32901			82	2 Street Address (P.O. Box Number is Not Acceptable)				
			83					
				84	City	FL	85 Zip Code	

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** Signature, typed or printed name of registered agent and tirle if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition W 1.1 TITLE TITLE SIAN, HIRFA NAME 1.2 NAME 800 E. STRAWBRIDGE AVE. STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE PD DELETE 2.1 TITLE Change Addition SIAN, PIO M 2.2 NAME 800 E. STRAWGRIDGE AVE. STREET ADORESS 23 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SIAN, HIRFA 3.2 NAME 800 E. STRAWBRIDGE AVE. STREET ADDRESS 3.3 STREET ADDRESS MELBOURNE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change \_\_\_ Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

SIGNATURE:

PID M. SIAN M.D. P.A

1-20.98

8 407-724-97/1