## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 29, 2002 8:00 am Secretary of State **~678343** DOCUMENT # 1. Entity Name 05-29-2002 93594 013 \*\*\*150.00 PIO M. SIAN, M.D., P.A. Mailing Address Principal Place of Business 800 E. STRAWBRIDGE AVE. 800 E. STRAWBRIDGE AVE. MELBOURNE FL 32901 MELBOURNE FL 32901 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2009115 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIAN, PIO M., M.D. Street Address (P.O. Box Number is Not Acceptable) 800 E. STRAWBRIDGE AVE. -MELBOURNE FL 32901 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or ponted name of registered agent and title if applicable. FILE NOWILL FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. (9/01)☐ Change Addition ۷D □ Defete 111LE SIAN, HIRFA CR2E034 STREET ADDRESS 800 E. STRAWBRIDGE AVE. STREET ADDRESS CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP Change Addition ☐ Delete PD NAME SIAN, PIO M STREET ADDRESS 800 E. STRAWGRIDGE AVE. STREET ADDRESS CITY - S1 - ZIP CITY-ST-ZIP MELBOURNE FL. TITLE - Change -Addition ☐ Delete NAME SIAN, HIRFA STREET ADDRESS STREET ADDRESS 800 E. STRAWBRIDGE AVE. CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL Addition ☐ Change TITLE ☐ Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZiP Change Addition Oelete TITLE TITLE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete HILE TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 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 eath; 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

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