
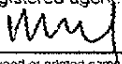


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 678343							
1. Entity Name PIO M. SIAN, M.D., P.A.							
Principal Place of Business 800 E. STRAWBRIDGE AVE. MELBOURNE FL 32901 US			Mailing Address 800 E. STRAWBRIDGE AVE. MELBOURNE FL 32901 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	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. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SIAN, PIO M., M.D. 800 E. STRAWBRIDGE AVE. MELBOURNE FL 32901			Name				
			Street Address (P O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				DATE 1-21-04			
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SIAN, HIRFA	NAME	U00000017965				
STREET ADDRESS	800 E. STRAWBRIDGE AVE.	STREET ADDRESS	01/28/04-80118-001 150.00				
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP					
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SIAN, PIO M	NAME					
STREET ADDRESS	800 E. STRAWGRIDGE AVE.	STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP					
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SIAN, HIRFA	NAME					
STREET ADDRESS	800 E. STRAWBRIDGE AVE.	STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					



MOORE CR2E034 (11/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1-21-04**