

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90067 043 \*\*\*150.00



**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  
**200 MICHIGAN AVE**

3. Mailing Address  
**200 MICHIGAN AVE**

Suite, Apt. #, etc.  
**Unit B**

Suite, Apt. #, etc.  
**Unit B**

City & State  
**Melbourne, FL**

City & State  
**Melbourne, FL**

Zip  
**32901**

Country  
**BREVARD**

Zip  
**32901**

Country  
**BREVARD**



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2009115**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SIAN, PIO M., M.D.  
 800 E. STRAWBRIDGE AVE.  
 MELBOURNE FL 32901**

Applied For  
 Not Applicable

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**200 MICHIGAN AVE**  
**Unit B**  
 City **Melbourne** FL Zip Code **32901**

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 PIO M. SIAN, M.D., P.A. *[Signature]* **1-24-05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 MICHIGAN AVE MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 MICHIGAN AVE MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 MICHIGAN AVE MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: PIO M. SIAN, M.D., P.A. *[Signature]* **1-24-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #