

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 Mailing Address
800 E. STRAWBRIDGE AVE. **800 E. STRAWBRIDGE AVE.**
MELBOURNE FL 32901 **MELBOURNE FL 32901**
US **US**

2. Principal Place of Business 3. Mailing Address
200 MICHIGAN AVE **200 MICHIGAN AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Unit B **Unit B**

City & State City & State
Melbourne, FL **Melbourne, FL**
 Zip Country Zip Country
32901 **BREVARD** **32901** **BREVARD**

1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
59-2009115 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
200 MICHIGAN AVE
Unit B
 City State Zip Code
Melbourne **FL** **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]* DATE 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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

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. STRAWGRIDGE 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
	200 MICHIGAN AVE MELBOURNE, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	200 MICHIGAN AVE MELBOURNE, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	200 MICHIGAN AVE MELBOURNE, FL 32901	
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
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]* DATE 1-24-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #