2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# 600554

Entity Name: F. GARY GIESEKE, M.D., P.A.

Current Principal Place of Business:

1930 N E 47TH STREET
FT LAUDERDALE, FL 333087704

New Principal Place of Business:

1930 N E 47TH STREET
200
FT LAUDERDALE, FL 333087704 US

Current Mailing Address:

1930 N E 47TH STREET
200
FT LAUDERDALE, FL 333087704

New Mailing Address:

1930 N E 47TH STREET
200
FT LAUDERDALE, FL 333087704 US

FEI Number: 59-1222190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIESEKE,F GARY
1930 NE 47TH ST
FORT LAUDERDALE, FL US

Name and Address of New Registered Agent:

COATS, JOHN A PD
1930 NE 47TH ST
200
FORT LAUDERDALE, FL 33308 US

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: JOHN A. COATS, M.D. 03/13/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GIESEKE,F GARY,
Address: 1930 NE 47TH ST.# 200
City-St-Zip: FORT LAUDERDALE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COATS, JOHN A PD
Address: 1930 NE 47TH ST.# 200
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: VP ( ) Change (X) Addition
Name: MOORE, MATTHEW R VP
Address: 1930 NE 47TH STREET, SUITE 200
City-St-Zip: FORT LAUDERDALE, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. COATS, MD PD 03/13/2009
Electronic Signature of Signing Officer or Director Date