FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name (5)WILLIAM D. GIESEKE, M.D., P.A. Principal Place of Business Mailing Address 5130 LINTON BLVD. G-9 5130 LINTON BLVD. G-9 **DELRAY BEACH FL 33484** DELRAY BEACH FL 33484 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1980 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2012643 Not Applicable Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired B-2 B-2 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žø Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 🔀 Yes Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GIESEKE, BEPPY 5130 LINTON BLVD, G-9 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33484** 5130 Linton Blud, B-2 83 **B4** City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE GIESEKE, WILLIAM D. E034 NAME 1.2 NAME 5130 Linton Blvd, B-2 5130 LINTON BLVD. #G-9 1.3 STREET ADDRESS STREET ADDRESS **DELRAY BCH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE Change Addition 2 1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE NAME **3.2 NAME** STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELFTE Addition Change 6.1 TITLE

6.2 NAME

14. I hereby cortify 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 annual report or suppliemental trimual 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

6 3 STREET ADDRESS

SIGNATURE:

Block 12 or Block 13 if changed, or on an attachment with an address

NAME

STREET ADORESS CITY-ST-ZIP

3/25/98 561-499-8025