

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000093991

1. Entity Name
WILLIAM G. DIETRICH, M.D., P.A.



Principal Place of Business
**2973 BERNICE DR
JACKSONVILLE, FL 32257**

Mailing Address
**2973 BERNICE DR
JACKSONVILLE, FL 32257**



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3674259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DIETRICH, WILLIAM G MD
2973 BERNICE DR
JACKSONVILLE, FL 32257**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(Registered Agent signature required when retaking)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Certificate Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**000007449799
03/09/06-80068-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETRICH, WILLIAM G MD 2973 BERNICE DR JACKSONVILLE, FL 32257
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for any exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the 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: William G Dietrich, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2/23/06 904 268-4576
Date Daytime Phone