

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P99000033579

1. Entity Name

GIEBEIG FAMILY MEDICINE, P.A.



Principal Place of Business

3140 NW MEDICAL CENTER LN
SUITE 120
LAKE CITY FL 32055

Mailing Address

P.O. BOX 159
LAKE CITY FL 32056

2. Principal Place of Business

5085 WEST US Hwy 90

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

Zip

32055

Country

USA

Zip

Country

4. FEI Number

59-3574530

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIEBEIG, PETER W JR, M.D.
126 SW TARRAGON GLN
LAKE CITY FL 32024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIEBEIG, PETER W JR, MD 126 SW TARRAGON GLN LAKE CITY FL 32024	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 (386) 752-0020
Date Daytime Phone #

50015464

