


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90456 013 ***150.00

DOCUMENT # P99000033579		
1. Entity Name GIEBEIG FAMILY MEDICINE, P.A.		

Principal Place of Business 3140 NW MEDICAL CENTER LN SUITE 126 LAKE CITY FL 32055	Mailing Address P.O. BOX 159 LAKE CITY FL 32056
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2. Principal Place of Business 5085 WEST VS HWY 90	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE CITY, FL	City & State
Zip 32055	Country USA

4. FEI Number 59-3574530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent GIEBEIG, PETER W JR, M.D 126 SW TARRAGON GLN LAKE CITY FL 32024	
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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 *Peter Kunkel MD* DATE *4/10/06*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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: *Peter Kunkel MD* DATE *4/10/06* (386) 752-0092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR