2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# P99000033579

Entity Name: GIEBEIG FAMILY MEDICINE, P.A.

Current Principal Place of Business:

5085 W. US HWY 90
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 159
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 59-3574530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIEBEIG, PETER W JR
194 JW VAN COURT
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

GIEBEIG, PETER W JR
194 SW VAN COURT
LAKE CITY, FL 32024 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: 01/14/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GIEBEIG, PETER W
Address: 194 JW VAN COURT
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GIEBEIG, PETER W
Address: 194 SW VAN COURT
City-St-Zip: LAKE CITY, FL 32024

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: PETER W GIEBEIG JR PRES 01/14/2009
Electronic Signature of Signing Officer or Director — Date