

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000033579

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**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:**

5085 W. US HWY 90  
LAKE CITY, FL 32055

**FEI Number:** 59-3574530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: PETER W GIEBEIG JR

PRES

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date