

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

95 MAY -1 PM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **603790** (7)

GESSLER CLINIC PROFESSIONAL ASSOCIATION

635 FIRST STREET NORTH
WINTER HAVEN FL 33881

3. Date of Incorporation: **08/21/1972** 3a. Date of Report: **04/13/1994**

4. Filing Number: **59-1407610** Applied For: Not Applied For:

5. Amount of State Tax: **\$8.75 Additional Fee Required**

6. The fee for receipt of Franchise Tax Report: **\$5.00 May Be Added to Fees**

7. The corporation is a liability for franchise tax under the Florida Franchise Tax Act: Yes No

21. Name of Agent: **HART, SHARON**

22. Address of Agent: **635 FIRST STREET NORTH WINTER HAVEN FL 33881**

23. Name of Agent: **HART, SHARON**

24. Address of Agent: **635 FIRST STREET NORTH WINTER HAVEN FL 33881**

9. Name and Address of Current Registered Agent: **HART, SHARON 635 FIRST STREET, NORTH WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent:

81. Name: _____

82. Street Address, P.O. Box Number, or Post Office: _____

83. _____

84. City: _____

85. State: **FL**

11. The corporation is a liability for franchise tax under the Florida Franchise Tax Act. The State of Florida has determined that the corporation is a liability for franchise tax under the Florida Franchise Tax Act. The State of Florida has determined that the corporation is a liability for franchise tax under the Florida Franchise Tax Act. The State of Florida has determined that the corporation is a liability for franchise tax under the Florida Franchise Tax Act.

12. Name and Address of Director	13. Name and Address of Director	14. Name and Address of Director
D BERGNES, JOSEPH A. 635 FIRST ST. NORTH WINTER HAVEN FL	P/D	<input checked="" type="checkbox"/> Share <input type="checkbox"/> Add'l
D GASNER, ALAN G 635 1ST ST, NO WINTER HAVEN, FL 00000		<input type="checkbox"/> Share <input type="checkbox"/> Add'l
VD MCGETRICK, JOHN J 635 1ST ST, NO WINTER HAVEN, FL 00000		<input type="checkbox"/> Share <input type="checkbox"/> Add'l
SD RAFOOL, GORDAN J. 635 1ST ST, NO WINTER HAVEN, FL 00000		<input type="checkbox"/> Share <input type="checkbox"/> Add'l
D VANHOOK, ROBERT M. 635 FIRST ST., NO. WINTER HAVEN FL		<input type="checkbox"/> Share <input type="checkbox"/> Add'l
PD CASSADY, RICHARD L. 635 FIRST ST., NO. WINTER HAVEN FL	D	<input checked="" type="checkbox"/> Share <input type="checkbox"/> Add'l

14. I, the undersigned, certify that the information reported with this filing is substantially accurate and true. I certify that the information reported with this filing is substantially accurate and true. I certify that the information reported with this filing is substantially accurate and true. I certify that the information reported with this filing is substantially accurate and true.

SIGNATURE: *Joseph A. Bergnes, Jr.* 4/20/95
SIGN THE ABOVE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph A. BERGNES, JR. M.D.

(813) 294-0670

603790

**GESSLER CLINIC PROFESSIONAL ASSOCIATION
635 First Street, North
Winter Haven, FL 33881**

**Attachment to Corporate Annual Report
Document # 603790**

FEI Number: 59-1407610

Box 13 Additional Officers and Directors:

Title:	T/D	(ADDITION)
Name:	Howell, Tim N.	
Street Address:	635 First Street, North	
City-ST-Zip:	Winter Haven, FL 33881	