

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

12

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **603790** (7)
1. Corporation Name
GESSLER CLINIC PROFESSIONAL ASSOCIATION



Principal Place of Business: **635 FIRST STREET NORTH WINTER HAVEN FL 33881**
Mailing Address: **635 FIRST STREET NORTH WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified: **08/21/1972** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1407610** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

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 is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title (if applicable) (IN FL: Registered Agent signature required when reinstating)

6/3/96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BERGNES, JOSEPH A. | |
| STREET ADDRESS | 635 FIRST ST. NORTH | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GASNER, ALAN G | |
| STREET ADDRESS | 635 1ST ST, NO | |
| CITY-ST-ZIP | WINTER HAVEN, FL 00000 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | MCGETRICK, JOHN J | |
| STREET ADDRESS | 635 1ST ST, NO | |
| CITY-ST-ZIP | WINTER HAVEN, FL 00000 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | RAFOOL, GORDAN J. | |
| STREET ADDRESS | 635 1ST ST, NO | |
| CITY-ST-ZIP | WINTER HAVEN, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VANHOOK, ROBERT M. | |
| STREET ADDRESS | 635 FIRST ST., NO. | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CASSADY, RICHARD L | |
| STREET ADDRESS | 635 FIRST ST., NO. | |
| CITY-ST-ZIP | WINTER HAVEN FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/96
Date

(941)294-0670
Daytime Phone #

CR2E034 (12/95)

603790

2-2

Gessler Clinic Professional Association
FEI No.: 59-1407610
Attachment to Corporate Annual Report

Line 12 - Officers and Directors

1. Bergnes, Joseph A. Director / President
635 First St. North
Winter Haven, FL 33881
2. Gasner, Alan G. Director
635 First St. North
Winter Haven, FL 33881
3. McGetrick, John J. Director / Vice President
635 First St. North
Winter Haven, FL 33881
4. Rafool, Gordan J. Director / Secretary
635 First St. North
Winter Haven, FL 33881
5. VanHook, Robert M. Director
635 First St. North
Winter Haven, FL 33881
6. Cassady, Richard L. Director
635 First St. North
Winter Haven, FL 33881
7. Howell, Tim N. Director / Treasurer
635 First St. North
Winter Haven, FL 33881