

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 33881-4129
--	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/21/1972	3a. Date of Last Report 06/06/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1407610	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HART, SHARON 635 FIRST STREET, NORTH WINTER HAVEN FL 33880		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		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: *Sharon H. Hart* **SHARON H. HART ADMINISTRATOR** **3/12/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGNES, JOSEPH A.	1.2 NAME	
STREET ADDRESS	635 FIRST ST. NORTH	1.3 STREET ADDRESS	SEE ATTACHED FOR ADDITIONS
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASNER, ALAN G	2.2 NAME	
STREET ADDRESS	635 1ST ST, NO	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGETRICK, JOHN J	3.2 NAME	
STREET ADDRESS	635 1ST ST, NO	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFOOL, GORDAN J.	4.2 NAME	
STREET ADDRESS	635 1ST ST, NO	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANHOOK, ROBERT M.	5.2 NAME	
STREET ADDRESS	635 FIRST ST., NO.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSADY, RICHARD L	6.2 NAME	
STREET ADDRESS	635 FIRST ST., NO.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or in an attachment with an address.

SIGNATURE: *Joseph A. Bergnes* **BERGNES, M. D. PRESIDENT** **3/12/97** **941**

CR2E034 (9/96)

Gessler Clinic Professional Association

FEI No.: 59-1407610

Attachment to Corporate Annual Report - 1997

Line 12 - Officers and Directors

- | | | | |
|----|---|---------------------------|------------------------|
| 1. | Bergnes, Joseph A.
635 First St. North
Winter Haven, FL 33881 | Director / President | |
| | Gasner, Alan G.
635 First St. North
Winter Haven, FL 33881 | Director | <u>DELETE</u> |
| 2. | McGetrick, John J.
635 First St. North
Winter Haven, FL 33881 | Director / Vice President | |
| 3. | Rafool, Gordan J.
635 First St. North
Winter Haven, FL 33881 | Director / Secretary | |
| 4. | Vanhook, Robert M.
635 First St. North
Winter Haven, FL 33881 | Director | |
| | Cassady, Richard L.
635 First St. North
Winter Haven, FL 33881 | Director | <u>DELETE</u> |
| 5. | Howell, Tim N.
635 First St. North
Winter Haven, FL 33881 | Director / Treasurer | |
| 6. | Honer, Richard J.
635 First St. North
Winter Haven, FL 33881 | Director | <u>ADDITION</u> |
| 7. | Martinez-Salas Jose I.
635 First St. North
Winter Haven, FL 33881 | Director | <u>ADDITION</u> |