

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

FILED
Mar 27 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | | |
|--|---|--|
| 3. Date Incorporated or Qualified 08/21/1972 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 4. FEI Number 59-1407610 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 | HONER, RICHARD J | |
| STREET ADDRESS | 635 FIRST ST N | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| 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 | MARTINEZ-SALAS, JOSE 1 | |
| 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 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 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **3/23/98**

CR2E034 (10/97)

**Gessler Clinic, P.A.
635 First Street, North
Winter Haven, FL 33881**

**Attachment to Corporate Annual Report-1998
Document #603790**

FEI Number: 59-1407610

Box 13 Additional Officers and Directors:

| | |
|------------------------|-------------------------|
| Title: | TD |
| Name: | Howell, Tim N. |
| Street Address: | 635 First Street North |
| City-ST-Zip: | Winter Haven., FL 33881 |