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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90210 035 ***150.00

04/32/728

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 603790

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

3. Date Incorporated or Qualified
08/21/1972

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME BERGNES, JOSEPH A.
 STREET ADDRESS 635 FIRST ST. NORTH
 CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE D Change Addition
 1.2 NAME Howell, Tim N.
 1.3 STREET ADDRESS 635 First St. North
 1.4 CITY-ST-ZIP Winter Haven, FL 33881

TITLE D DELETE
 NAME HONER, RICHARD J
 STREET ADDRESS 635 FIRST ST N
 CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE VD DELETE
 NAME MCGETRICK, JOHN J
 STREET ADDRESS 635 1ST ST, NO
 CITY-ST-ZIP WINTER HAVEN, FL 00000

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE SD DELETE
 NAME RAFOOL, GORDAN J.
 STREET ADDRESS 635 1ST ST, NO
 CITY-ST-ZIP WINTER HAVEN, FL 00000

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME VANHOOK, ROBERT M.
 STREET ADDRESS 635 FIRST ST., NO.
 CITY-ST-ZIP WINTER HAVEN FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE D DELETE
 NAME MARTINEZ-SALAS, JOSE 1
 STREET ADDRESS 635 FIRST ST., NO.
 CITY-ST-ZIP WINTER HAVEN FL

6.1 TITLE Change 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/99

941-298-3464

CR2E034 (1/98)