

# 2001' UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90275 025 \*\*\*150.00

**DOCUMENT # 603790**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1407610**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, SHARON**  
**635 FIRST STREET, NORTH**  
**WINTER HAVEN FL 33880**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	LACALAMITO, RICHARD K	
STREET ADDRESS	635 FIRST ST., NO.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2001

Date

863-298-3464

Daytime Phone #

CR2E034 (10/00)

Attachment

823526

#603790

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

Attachment to Corporate Annual Report-2001  
Document #603790

*tt*

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