

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90663 050 ***150.00

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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1407610		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERGNES, JOSEPH A.			NAME			
STREET ADDRESS	635 FIRST ST. NORTH			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HONER, RICHARD J			NAME			
STREET ADDRESS	635 FIRST ST N			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGETRICK, JOHN J			NAME			
STREET ADDRESS	635 1ST ST, NO			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 00000			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAFOOL, GORDAN J.			NAME			
STREET ADDRESS	635 1ST ST, NO			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 00000			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VANHOOK, ROBERT M.			NAME			
STREET ADDRESS	635 FIRST ST., NO.			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LACALAMITO, RICHARD K			NAME			
STREET ADDRESS	635 FIRST ST., NO.			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33881			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: *Joseph A. Bergnes* Date: 4/13/02 Daytime Phone #: 863-298-3464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/01)

Attachment of Det# 603790 / 627051

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

**Attachment to Corporate Annual Report-2002
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