
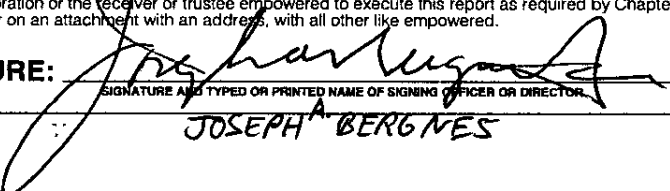


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90037 032 ***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	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
HART, SHARON 635 FIRST STREET, NORTH WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. 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	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	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			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		2/17/04		803-298-3464	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSEPH A. BERGNES		Date		Daytime Phone #	

Attachment

GESSLER CLINIC ADDITIONAL OFFICERS AND DIRECTORS

635 FIRST STREET NORTH

WINTER HAVEN, FL 33881

FEI #59-1407610

as of JAN 23rd, 2004

ATTACHMENT TO CORPORATE ANNUAL REPORT-2004

DOCUMENT #603790

#603790

54009578

<u>NAME</u>	<u>TITLE</u>
1 HOWELL M.D., TIM	DIRECTOR
2 CHOUINARD M.D., RAYMOND A.	ASSISTANT VICE-PRESIDENT
3 CLAGETT JR., CHARLES B.	ASSISTANT VICE-PRESIDENT
4 DOPICO D.P.M., JORGE L.	ASSISTANT VICE-PRESIDENT
5 MARKEE MD., BLAINE A.	ASSISTANT VICE-PRESIDENT
6 FORD M.D., RONALD A.	ASSISTANT VICE-PRESIDENT
7 GASNER, MD. ALAN	ASSISTANT VICE-PRESIDENT
8 GLASS, MD, JORGE	ASSISTANT VICE-PRESIDENT
9 GOODEN, MD. GREG	ASSISTANT VICE-PRESIDENT
10 HOWARD MD, FRED	ASSISTANT VICE-PRESIDENT
11 GRIFFIN M.D., ELIZABETH J.	ASSISTANT VICE-PRESIDENT
12 JARDINE M.D., LISA M.	ASSISTANT VICE-PRESIDENT
13 KEOWN M.D., MICHAEL	ASSISTANT VICE-PRESIDENT
14 KRAMER M.D., RANDALL B.	ASSISTANT VICE-PRESIDENT
15 LEE M.D., EDWIN N.	ASSISTANT VICE-PRESIDENT
16 LIPSCHITZ M.D., DAVID	ASSISTANT VICE-PRESIDENT
17 LOPEZ, M.D., RAPHEAL	ASSISTANT VICE-PRESIDENT
18 LUBIN MD, EDWARD	ASSISTANT VICE-PRESIDENT
19 MANCINI M.D., JOSEPH A.	ASSISTANT VICE-PRESIDENT
20 MARTIN M.D., JAMES A.	ASSISTANT VICE-PRESIDENT
21 MARTINEZ-SALAS M.D., JOSE I.	ASSISTANT VICE-PRESIDENT
22 MCCARTHY JR. M.D., MAURICE F.	ASSISTANT VICE-PRESIDENT
23 MULLER M.D., JEAN-PAUL	ASSISTANT VICE-PRESIDENT
24 NELSON M.D., ELSA P.	ASSISTANT VICE-PRESIDENT
25 OLIVA M.D., STEPAN	ASSISTANT VICE-PRESIDENT
26 PEREZ M.D., RUBEN E.	ASSISTANT VICE-PRESIDENT
27 PIERRE-LOUIS M.D., EDNA N.	ASSISTANT VICE-PRESIDENT
28 PILAPIL M.D., GEORGE G.	ASSISTANT VICE-PRESIDENT
29 POCHCIAL M.D., KAJETAN M.	ASSISTANT VICE-PRESIDENT
30 POCHCIAL M.D., MARIA J.	ASSISTANT VICE-PRESIDENT
31 RADOCHA M.D., RICHARD F.	ASSISTANT VICE-PRESIDENT
32 RAJARATNAM M.D., YOSHANA	ASSISTANT VICE-PRESIDENT
33 ROMBOLA M.D., ROBERT A.	ASSISTANT VICE-PRESIDENT
34 ROUSH MD, AARON	ASSISTANT VICE-PRESIDENT
35 SHABLA M.D., MARK W.	ASSISTANT VICE-PRESIDENT
36 SHAH, M.D. ASHISH S.	ASSISTANT VICE-PRESIDENT
37 SHROFF M.D., KRISHANAVADAN B.	ASSISTANT VICE-PRESIDENT
38 SILVA M.D., RANJIT J.	ASSISTANT VICE-PRESIDENT
39 SPEYERER M.D., DAVID K.	ASSISTANT VICE-PRESIDENT
40 SULLIVAN M.D., PATRICK D.	ASSISTANT VICE-PRESIDENT
41 VERRILL M.D., PETER S.	ASSISTANT VICE-PRESIDENT