


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90072 014 ***158.75

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**

40032400



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02202008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**HART, SHARON
 635 FIRST STREET, NORTH
 WINTER HAVEN, FL 33880**

4. FEI Number
59-1407610

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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.

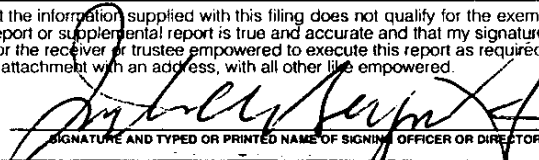
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGNES, JOSEPH A. 635 FIRST ST. NORTH WINTER HAVEN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONER, RICHARD J 635 FIRST ST N WINTER HAVEN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGETRICK, JOHN J 635 1ST ST, NO WINTER HAVEN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAFOOL, GORDAN J. 635 1ST ST, NO WINTER HAVEN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANHOOK, ROBERT M. 635 FIRST ST., NO. WINTER HAVEN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACALAMITO, RICHARD K 635 FIRST ST., NO. WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **JOSEPH A BERGNES**
 Date: **2/21/08** Daytime Phone #: **863-298-3464**

SEE ATTACHMENT ->

ATTACHMENT

40032436

GESSLER CLINIC ADDITIONAL OFFICERS AND DIRECTORS
635 FIRST STREET NORTH
WINTER HAVEN, FL 33881
FEI #59-1407610
ATTACHMENT TO CORPORATE ANNUAL REPORT-2008
DOCUMENT #603790

<u>NAME</u>	<u>TITLE</u>
1 MANCINI M.D., JOSEPH A.	DIRECTOR
2 ARONSKI M.D., WOJTEK P.	ASSISTANT VICE-PRESIDENT
3 CHOUINARD M.D., RAYMOND A.	ASSISTANT VICE-PRESIDENT
4 CLAGETT JR., CHARLES B.	ASSISTANT VICE-PRESIDENT
5 DOPICO D.P.M., JORGE L.	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 HOWARD MD, FRED	ASSISTANT VICE-PRESIDENT
10 GRIFFIN M.D., ELIZABETH J.	ASSISTANT VICE-PRESIDENT
11 HOWELL M.D., TIM	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 MARTIN M.D., JAMES A.	ASSISTANT VICE-PRESIDENT
20 MARTINEZ-SALAS M.D., JOSE I.	ASSISTANT VICE-PRESIDENT
21 MCCARTHY JR. M.D., MAURICE F.	ASSISTANT VICE-PRESIDENT
22 MULLER M.D., JEAN-PAUL	ASSISTANT VICE-PRESIDENT
23 PEREZ M.D., RUBEN E.	ASSISTANT VICE-PRESIDENT
24 PIERRE-LOUIS M.D., EDNA N.	ASSISTANT VICE-PRESIDENT
25 PILAPIL M.D., GEORGE G.	ASSISTANT VICE-PRESIDENT
26 POCHCIAL M.D., KAJETAN M.	ASSISTANT VICE-PRESIDENT
27 POCHCIAL M.D., MARIA J.	ASSISTANT VICE-PRESIDENT
28 RADOCHA M.D., RICHARD F.	ASSISTANT VICE-PRESIDENT
29 RAJARATNAM M.D., YOSHANA	ASSISTANT VICE-PRESIDENT
30 RATLEFF, DARWANA	ASSISTANT VICE-PRESIDENT
31 ROMBOLA M.D., ROBERT A.	ASSISTANT VICE-PRESIDENT
32 SANCHEZ M.D., LIANA	ASSISTANT VICE-PRESIDENT
33 SHABLA M.D., MARK W.	ASSISTANT VICE-PRESIDENT
34 SHAH, M.D. ASHISH S.	ASSISTANT VICE-PRESIDENT
35 SHROFF M.D., KRISHANAVADAN B.	ASSISTANT VICE-PRESIDENT
36 SILVA M.D., RANJIT J.	ASSISTANT VICE-PRESIDENT
37 SPEYERER M.D., DAVID K.	ASSISTANT VICE-PRESIDENT
38 SULLIVAN M.D., PATRICK D.	ASSISTANT VICE-PRESIDENT
39 VERRILL M.D., PETER S.	ASSISTANT VICE-PRESIDENT