

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603790

FILED
Jan 29, 2010
Secretary of State

Entity Name: GESSLER CLINIC PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

635 FIRST STREET NORTH
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

635 FIRST STREET NORTH
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-1407610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HART, SHARON
635 FIRST STREET, NORTH
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: BERGNES, JOSEPH A P
Address: 635 FIRST ST. NORTH
City-St-Zip: WINTER HAVEN, FL 33881

Title: D
Name: HONER, RICHARD J D
Address: 635 FIRST ST N
City-St-Zip: WINTER HAVEN, FL

Title: VD
Name: MCGETRICK, JOHN J VP
Address: 635 1ST ST, N
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD
Name: RAFOOL, GORDON J SD
Address: 635 1ST ST, N
City-St-Zip: WINTER HAVEN, FL 33881

Title: DT
Name: VANHOOK, ROBERT M DT
Address: 635 FIRST ST., N
City-St-Zip: WINTER HAVEN, FL 33881

Title: D
Name: LACALAMITO, RICHARD K D
Address: 635 FIRST ST., N
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH A BERGNES

PRES

01/29/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date