2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603790

1. Entity Name

GESSLER CLINIC PROFESSIONAL ASSOCIATION



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91042 014 ***150.00

| Principal Plac 635 FIRST ST WINTER HAVE | REET NORTH | 635 FII | Mailing Address 635 FIRST STREET NORTH WINTER HAVEN FL 33881 | | | | | | | | | | |
|---|------------------|------------------------------------|--|--------------------|-------------|---------------------|------------------------------|--|--------------------------|------------|-------------------|---------------|------------|
| 2. Principal F | Place of Busin | 3. Maili | 3. Mailing Address | | | | | liil i ii ii ii ii ii ii | | | EII 11111 61711 1 | | |
| Suite, Apt. | #, etc. | Suite | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | | |
| City & State | | | City 8 | City & State | | | | FEI Number | 59-140 | 7610 | | | oplied For |
| Zip | | Country | Zip | Zip Coun | | | 5. (| 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Re | | | | gistered Agent | | | 7. | 7. Name and Address of New Registered Agent | | | | | |
| | | | | | | Name | | | | | | | |
| HART, SH | | | | Street Addres | | | dress (P.O. B | s (P.O. Box Number is Not Acceptable) | | | | | |
| | r street, n | | | | | | | | | | | | |
| WINTER H | HAVEN FL 3 | 3880 | | | | | | | | | | | |
| | | | | | | | City | | | | FL | Zip Cod | e |
| 8. The above | named entity | submits this statement | for the purpo | se of changing its | register | l ed office or i | registered ag | ent, or both | in the Stat | e of Flori | | amiliar with. | and accept |
| | tions of registe | | | | | | -5 | , , | , | | | , | , |
| CICNIATING | | 1 | | | | | | | | | | | } |
| SIGNATURE | Signature, typed | or printed name of registered ager | nt and title if applic | cable. (NOTE | : Registere | d Agent signatur | e required when re | einstating) | | | DATE | | |
| F | ILE NOW!! | FEE IS \$150.00 | | | | | | | | | | | |
| After May 1, 2003 Fee will be \$550.00 | | | | | | | | | tion Campa t Fund Con | - | ~ ~ | | May Be |
| Make Check | c Payable to | Florida Department | of State | • | | | • | | | | _ | - Addot | 110 / 000 |
| 10. | | OFFICERS ANI | D DIRECTOF | ns . | 11. | | AC | DITIONS/C | HANGES 1 | O OFFIC | ERS AND | DIRECTOR | S IN 11 |
| TITLE | PD | IOOFDU A | | ☐ Delete | TITLI | | | | | | | Change | ☐ Addition |
| NAME STREET ADDRESS | | , Joseph A. St. North | | | NAM | E ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | WINTER H | | | | • | -ST-ZIP | | | | | | | |
| TITLE | D | / VEIV E | | ☐ Delete | TITLI | + | | | | | | ☐ Change | Addition |
| NAME | HONER, R | ICHARD J | | □ Delete | NAM | | | | | | | | |
| STREET ADDRESS | 635 FIRST | | | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | WINTER H | | | | CITY | -ST-ZIP | | | | | | | |
| TITLE | VD | . , | | ☐ Delete | TITLE | | | | | | | ☐ Change | ☐ Addition |
| NAME | | CK, JOHN J | | | NAM | | | | | | | | |
| STREET ADDRESS | 635 1ST S | | | | | ET AODRESS | | | | | | | |
| CITY-ST-ZIP | WINTER H | AVEN FL | | | - | -ST-ZIP | | | | | | | |
| TITLE | SD | GORDAN J. | | ☐ Delete | TITLE | i i | | | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | 635 1ST S | | | | MAM STRE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | WINTER H | | | | | -ST-ZIP | | | | | | | |
| TITLE | D | | | ☐ Delete | TITLE | | | | | | | ☐ Change | ☐ Addition |
| NAME | | , Robert M. | | | NAM | 1 | | • | | | | | |
| STREET ADDRESS | 635 FIRST | ST., NO. | | | • | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | WINTER H | AVEN FL | | | CITY | -ST-ZIP | | | | | | | |
| TITLE | D | | | ☐ Delete | TITLE | : T | | | | | | ☐ Change | ☐ Addition |
| NAME | | TO, RICHARD K | | | NAM | | | | | | | | |
| STREET ADDRESS | 635 FIRST | S1., NO. | | | STRE | ET ADDRESS | | | | | | | |

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 supplied ental 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 trusted 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

WINTER HAVEN FL 33881

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/163

863-298-3464

90076745

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

Attachment to Corporate Annual Report-2003 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