

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 604514 (0)  
1. Corporation Name  
NESMITH, GERTNER & ASSOCIATES, M.D., P.A.



Principal Place of Business: 1121 N W 64TH TERRACE GAINESVILLE FL 32605-4218  
Mailing Address: 1121 N W 64TH TERRACE GAINESVILLE FL 32605-4218

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	07/12/1973	02/23/1996
4. FEI Number		5. Certificate of Status Desired		Applied For	
59-1475526		<input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NESMITH, MARSH ARTHUR, JR. 1121 NW 64TH TERR GAINESVILLE, FL 32605				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESMITH, M.A., JR.	1.2 NAME	
STREET ADDRESS	1121 NW 64TH TERR	1.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE, FL 0	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERTNER, HAROLD R JR.	2.2 NAME	
STREET ADDRESS	1121 NW 64TH TERR	2.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE, FL 0	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESLY, ROBERT L	3.2 NAME	
STREET ADDRESS	1121 N.W., 64TH TERR	3.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE FL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, JEFFERY S	4.2 NAME	
STREET ADDRESS	1121 N.W. 64TH TERRACE	4.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUSHORE, ELMER E	5.2 NAME	
STREET ADDRESS	1121 N.W. 64TH TERR.	5.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE FL	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAGGIANO, ANTHONY V	6.2 NAME	
STREET ADDRESS	1121 N.W. 64TH TERRACE	6.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE FL	6.4 CITY- ST- ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ 3523316777

CR2E034 (9/96)