

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 08, 1999 8:00am**  
**Secretary of State**

02-08-1999 90061 047 \*\*\*\*\*150.00

**DOCUMENT # 604514**

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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/12/1973

4. FEI Number

59-1475526

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

DO NOT WRITE IN THIS SPACE

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME NESMITH, M.A., JR.  
STREET ADDRESS 1121 NW 64TH TERR  
CITY-ST-ZIP GAINESVILLE, FL 0

☐ DELETE

TITLE VP  
NAME GERTNER, HAROLD R JR.  
STREET ADDRESS 1121 NW 64TH TERR  
CITY-ST-ZIP GAINESVILLE, FL 0

☐ DELETE

TITLE ST  
NAME WESLY, ROBERT L  
STREET ADDRESS 1121 N.W., 64TH TERR  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE D  
NAME SNYDER, JEFFERY S  
STREET ADDRESS 1121 N.W. 64TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE D  
NAME CROUSHORE, ELMER E  
STREET ADDRESS 1121 N.W. 64TH TERR.  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE D  
NAME CAGGIANO, ANTHONY V  
STREET ADDRESS 1121 N.W. 64TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)