FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 24 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 # **F94000003247 (3)**

1. Corporation Name
ALJAN CAMERA CO., INC.

Principal Place of Business	Mailing Address
4089 COCOPLUM CIR. **COCONUT CREEK FL 33063**	**4089 COCOPLUM CIR.** **COCONUT CREEK FL 33063-5949**

3. Date Incorporated or Qualified **06/21/1994**	3a. Date of Last Report **03/06/1996**
4. FEI Number **13-5626470**	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCHWARTZ, MICHAEL
4089 COCOPLUM CIR.
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

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 Section 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 NAME: SCHWARTZ, MICHAEL STREET ADDRESS: 4089 COCOPLUM CIR. CITY-ST-ZIP: COCONUT CREEK FL 33063	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 added by an attachment with an address.

SIGNATURE: _____ Michael Schwartz 02-28-97 (954) 975-2974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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1997

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DOCUMENT # **603790** **(7)**

1. Corporation Name
GESSLER CLINIC PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
635 FIRST STREET NORTH WINTER HAVEN FL 33881	635 FIRST STREET NORTH WINTER HAVEN FL 33881-4129

3. Date Incorporated or Qualified: **08/21/1972**
3a. Date of Last Report: **06/06/1996**

2. Principal Place of Business — 21:
Suite, Apt. # etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1407610** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HART, SHARON
635 FIRST STREET, NORTH
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

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 607.0202 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: Sharon H. Hart SHARON H. HART ADMINISTRATOR 3/12/97
(If changing Registered Agent) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BERGNES, JOSEPH A.		1.2 NAME	
STREET ADDRESS	635 FIRST ST. NORTH		1.3 STREET ADDRESS	SEE ATTACHED FOR ADDITIONS
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GASNER, ALAN G		2.2 NAME	
STREET ADDRESS	635 1ST ST, NO		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCGETRICK, JOHN J		3.2 NAME	
STREET ADDRESS	635 1ST ST, NO		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RAFOOL, GORDAN J.		4.2 NAME	
STREET ADDRESS	635 1ST ST, NO		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VANHOOK, ROBERT M.		5.2 NAME	
STREET ADDRESS	635 FIRST ST., NO.		5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CASSADY, RICHARD L		6.2 NAME	
STREET ADDRESS	635 FIRST ST., NO.		6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 Blocks 12 or 13 if changed or added to an attachment with an address.

SIGNATURE: JOSEPH A. BERGNES, M.D. PRESIDENT 3/12/97 941 294-0670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #