

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR - 8 PM 2: 01

DOCUMENT # **P94000086378 (4)**

1. Corporation Name
GAYLE KESSELMAN, M.D., P.A.

Principal Place of Business Mailing Address
**2286 WILLOWBROOK DR
CLEARWATER FL 34624** **2286 WILLOWBROOK DR
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/22/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
22 12775 Seminole Blvd		27 PO Box 7924		59-3286938	Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Largo, FL		28 Clearwater FL		<input type="checkbox"/>	
24 Zip	Country	29 Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 34648	25 USA	29 34618	30 USA	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

SMITH, IRMA 2113 NW 7TH ST GAINESVILLE FL 32609				81 Name	Cynthia A. Mikos, Esq.
				82 Street Address (P.O. Box Number is Not Acceptable)	Jacobs, Forlizzo & Neal, P.A.
				83	13577 Feather Sound Dr, #300
				84 City	Clearwater FL
				85 Zip Code	34622

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: Cynthia A. Mikos, Esquire DATE: 2/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KESSELMAN, GAYLE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2286 WILLOWBROOK DR	1.2 NAME	
STREET ADDRESS	CLEARWATER FL 34624	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	ST KESSELMAN, LYNN	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2286 WILLOWBROOK DR	2.2 NAME	KESSELMAN, GAYLE
STREET ADDRESS	CLEARWATER FL 34624	2.3 STREET ADDRESS	2286 Willowbrook Dr
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Clearwater, FL 34624
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is verifiably truthful and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Gayle Kesselman MD Gayle Kesselman MD DATE: 3-3-95 8/3-535-7222