

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

FILED

Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000086378 (4)

1. Corporation Name

GAYLE KESSELMAN, M.D., P.A.

Principal Place of Business

Mailing Address

6754 WILLOW LAKE CIRCLE  
FT. MYERS FL 33912  
US

12775 SEMINOLE BOULEVARD  
P O BOX 7924  
LARGO FL 34618  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1994

4. FEI Number

Applied For

59-3286938

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6754 Willow Lake Circle

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

22

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIKOS, CYNTHIA A ESQ.  
JACOBS, FORLIZZO & NEAL, P.A.  
13577 FEATHER SOUND DRIVE, #300  
CLEARWATER FL 34622

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME KESSELMAN, GAYLE  
STREET ADDRESS 2286 WILLOWBROOK DR  
CITY-ST-ZIP CLEARWATER FL 34624

1.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME KESSELMAN, GAYLE  
STREET ADDRESS 2286 WILLOWBROOK DR  
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. 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 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, M.D., P.A. 1-9-98 241-3580

CR2E034 (10/97)