

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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90113 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000086378

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

Principal Place of Business
15275 CRICKET LANE
FORT MYERS FL 33919
US

Mailing Address
15275 CRICKET LANE
FORT MYERS FL 33919
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/22/1994

4. FEI Number
59-3286938

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

2. Principal Place of Business
21
Suite, Apt. #, etc.

2a. Mailing Address
26
Suite, Apt. #, etc.

22
City & State

23
City & State

24
Zip

25
Country

27
City & State

28
City & State

29
Zip

30
Country

9. Name and Address of Current Registered Agent
MIKOS, CYNTHIA A ESQ.
JACOBS, FORLIZZO & NEAL, P.A.
13577 FEATHER SOUND DRIVE, #300
CLEARWATER FL 34622

10. Name and Address of New Registered Agent
81 Name
82 Street Address
83
84 City
85 Zip Code
Michael C. Boyette, Accountant
6124 Boyette Road
Wesley Chapel, FL 33544

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 *Michael C. Boyette* MICHAEL C. BOYETTE 1-18-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KESSELMAN, GAYLE	
STREET ADDRESS	2286 WILLOWBROOK DR	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KESSELMAN, GAYLE	
STREET ADDRESS	2286 WILLOWBROOK DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kesselman, Gayle	
1.3 STREET ADDRESS	15275 Cricket Lane	
1.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KESSELMAN, Gayle	
2.3 STREET ADDRESS	15275 Cricket Lane	
2.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gayle Kesselman* 1-5-99 941-2254-8431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)