

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90113 047 ***150.00

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.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt., etc.

27 City & State

28 Zip

Country

29

30

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

Michael C. Boyette, Accountant
6124 Boyette Road
Wesley Chapel, FL 33544

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

Michael C. Boyette

(NOTE: Registered Agent signature required when reinstating)

MICHAEL C. BOYETTE

DATE

1-18-99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

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

TITLE ST ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ 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 ☒ Change ☐ 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 ☐ 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)(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, with all other like empowered.

SIGNATURE:

GAYLE KESSELMAN

Date

1-5-99

Daytime Phone #

941-254-8401

CR2E034 (11/98)

0444590