

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086378

1. Entity Name

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

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90119 009 ***150.00

Principal Place of Business 15275 CRICKET LANE FORT MYERS FL 33919 US	Mailing Address 15275 CRICKET LANE FORT MYERS FL 33919-8318 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3286938	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

same agent but new address

7. Name and Address of New Registered Agent

Name: Mikos, Cynthia A. Esq.
 Street Address (P.O. Box Number is Not Acceptable):
205 N. Parsons Ave - Ste A
 City: Brandon FL Zip Code: 33510

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KESSELMAN, GAYLE 15275 CRICKET LANE FT MYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gayle Kesselman* 1-8-00 941-454-8431
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)