


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

FILED
May 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name P95000029672 ROBERT C. GESSNER M.D. PA			
Principal Place of Business 2020 59th St. W. SPADATON BRADENTON, FL. 34209		Mailing Address 4707 STANBOARD DR. BRADENTON, FL. 34208	
2. Principal Place of Business 21 Suite, Apt. #, etc. —		2a. Mailing Address 26 Suite, Apt. # etc. —	
22 —		27 City & State —	
23 —		28 Zip — Country —	
24 — 25 —		29 — 30 —	
9. Name and Address of Current Registered Agent CLIFFORD L. WATERS 802 11th St. W. BRADENTON, FL. 34205		10. Name and Address of New Registered Agent 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 1. Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ROBERT C. GESSNER M.D. <input type="checkbox"/> DELETE NAME PRESIDENT / SECRETARY STREET ADDRESS 4707 STANBOARD DRIVE CITY-ST-ZIP BRADENTON, FLORIDA 34208		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE — <input type="checkbox"/> DELETE NAME — STREET ADDRESS — CITY-ST-ZIP —		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE — <input type="checkbox"/> DELETE NAME — STREET ADDRESS — CITY-ST-ZIP —		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE — <input type="checkbox"/> DELETE NAME — STREET ADDRESS — 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	
TITLE — <input type="checkbox"/> DELETE NAME — STREET ADDRESS — 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	
TITLE — <input type="checkbox"/> DELETE NAME — STREET ADDRESS — 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 do 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.		800002205508 -06/09/97--01057--008 ***550.00	
SIGNATURE: Robert C. Gessner M.D. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/20/97 941-749-5118 Date Daytime Phone #	

CR2E034 (9/96)