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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000029672 ROBERT C. GESSNER M.D. PA

FILED May 30 1997 8:00am Secretary of State

Principal Piac					→			
	e of Business	Mailing Address						
2021	0 59th ST.W.	4707	STARBL	OARD DR.				
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CALA	CATA	10111110	ENTON, F	<i>L.</i>	3. Date Incorporated or Qualific	d 9a Doi	e of Last I	Donasi
3/1/01/	DENTON. FL. 34209		2/	208	4-14-95	o sa. Dai	e or Last i	Heport -
2 Principal P	Place of Business	2a. Mailing Addr		200	4. FEI Number	14/	77: Z	policed Fee
21	add of Basiness	26	1655		06-1439889	•	 	pplied For
Suite, Apt.	# elc	Suite, Apt. #	elo		00-1959007			lot Applicable Additional
991		27			5. Certificate of Status Desired		•	Additional
MR.I		City & State			6. Election Campaign Financing) May Be
23		28			Trust Fund Contribution	m		to Fees
Zip	Country	Zip .	Co.	untry	8. This corporation has liability for	or intanoible t		
24	25	29	30		Florida Statutes	Yes L		J. 100.002,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New	Registered A	gent	
				81 Name				
CLI	FFORD L. WA	1-1-00		82 Street Addre	ess (P.O. Box Number is Not Accep	table)		
600	indiversity	16115		Siredi Addre	ess (r.o. Box Number is Not Accep	lable)		
002	11th St. W.			83				
Rn	08/-11.1 -1						T	
0/0/	POENTON, FL. 3	34205		84 City		FL	85 Z ip	Code
	to the provisions of Sections 607.0502		da Statutes, the a	bove-named corpo	oration submits this statement for the		:hanging :	its registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida, Such chan	ige was authorize	ed by the corporation	on's board of directors. I hereby acc	ept the appo	intment as	registered
agent. i a	im ramiliar with, and accept the boliga	ations of, Section 607.	.บรบรี, คิดาเงส ธเล	lules				
SIGNATURE	Signature typed or punied name of registered ager	nt and title if applicable	(NOTE Registere	n Agent signature require	ed when reinstating)	DATE		
SIGNATURE	Signature Typed or printed name of registered ager OFFICERS AND		(NOTE Registere	n Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
1	OFFICERS AND	DIRECTORS	13.			FICERS AND	DIRECTO Change	RS IN 12
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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.