

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90064 050 \*\*\*150.00

**DOCUMENT # P98000028440**

1. Entity Name

**GESIOTTO, HENRICKS, KORDONOWY AND SIMMONS, MDS,**

Principal Place of Business

~~12631 WHITEHALL DRIVE~~  
~~FORT MYERS FL 33907~~

Mailing Address

~~12631 WHITEHALL DRIVE~~  
~~FORT MYERS FL 33907~~

2. Principal Place of Business

**6311 SOUTH POINTE BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**6311 SOUTH POINTE BLVD**

Suite, Apt. #, etc.

City & State

**FT. MYERS, FL**

City & State

**FT. MYERS, FL**

Zip

**33919**

Country

**USA**

Zip

**33919**

Country

**USA**

4. FEI Number

**65-0823004**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SIMMONS, ROB D MD**

~~12631 WHITEHALL DRIVE~~  
~~FORT MYERS FL 33907~~

**6311 SOUTH POINTE BLVD**  
**FT. MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Rob Simmons*

(NOTE: Registered Agent signature required when reinstating)

**1-10-01**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GESIOTTO, ERNEST J MD</b>	
STREET ADDRESS	<b>12631 WHITEHALL DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HENRICKS, DOUGLAS G MD</b>	
STREET ADDRESS	<b>12631 WHITEHALL DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KORDONOWY, RAYMOND W MD</b>	
STREET ADDRESS	<b>12631 WHITEHALL DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIMMONS, ROB D MD</b>	
STREET ADDRESS	<b>12631 WHITEHALL DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>6311 Southpointe DR.</b>
CITY-ST-ZIP	<b>FT. MYERS, FL 33919</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>6311 South Pointe DR.</b>
CITY-ST-ZIP	<b>FT. MYERS, FL 33919</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>6311 SOUTH POINTE DR.</b>
CITY-ST-ZIP	<b>FT. MYERS, FL 33919</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>6311 SOUTH POINTE DR.</b>
CITY-ST-ZIP	<b>FT. MYERS, FL 33919</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-01**

Date

**(941) 275-1040**

Daytime Phone #

**X206**

CR2E034 (10/00)