

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90716 028 \*\*\*150.00

**DOCUMENT # P98000028440**

1. Entity Name  
GESIOTTO, HENRICKS, KORDONOWY AND SIMMONS,  
MDS, P.A.



Principal Place of Business  
6311 S POINTE BV  
FORT MYERS, FL 33919

Mailing Address  
6311 S POINTE BV  
FORT MYERS, FL 33919

**94079673**



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0823004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SIMMONS, ROB D MD  
6311 S POINTE BV  
FORT MYERS, FL 33919

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GESIOTTO, ERNEST J MD
STREET ADDRESS	6311 S POINTE DR
CITY - ST - ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	HENRICKS, DOUGLAS G MD
STREET ADDRESS	6311 S POINTE DR
CITY - ST - ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	KORDONOWY, RAYMOND W MD
STREET ADDRESS	6311 S POINTE DR
CITY - ST - ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	SIMMONS, ROB D MD
STREET ADDRESS	6311 S POINTE DR
CITY - ST - ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 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

**ERNEST J. GESIOTTO**

**4-28-04**

Date

Daytime Phone #