


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90030 049 \*\*\*150.00

<b>DOCUMENT # P98000028440</b> 1. Entity Name GESIOTTO, HENRICKS, KORDONOWY AND SIMMONS, MDS, P.A.	
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Principal Place of Business 6311 S POINTE BV FORT MYERS, FL 33919	Mailing Address 6311 S POINTE BV FORT MYERS, FL 33919
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40000402



01052005 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"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SIMMONS, ROB D MD 6311 S POINTE BV FORT MYERS, FL 33919
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GESIOTTO, ERNEST J MD 6311 S POINTE DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRICKS, DOUGLAS G MD 6311 S POINTE DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORDONOWY, RAYMOND W MD 6311 S POINTE DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, ROB D MD 6311 S POINTE DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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]* **1/5/04** **(239) 275-0040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone