

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028440

FILED
Jan 19, 2011
Secretary of State

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

Current Principal Place of Business:

6311 S POINTE BV
SUITE 500
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6311 S POINTE BV
SUITE 500
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0823004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: GESIOTTO, ERNEST J MD
Address: 6311 S POINTE DR
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: HENRICKS, DOUGLAS G MD
Address: 6311 S POINTE DR
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: KORDONOWY, RAYMOND W MD
Address: 6311 S POINTE DR
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: SIMMONS, ROB D MD
Address: 6311 S POINTE DR
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROB D. SIMMONS, M.D.

PRES

01/19/2011

Electronic Signature of Signing Officer or Director

Date