

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603790

Entity Name: GESSLER CLINIC PROFESSIONAL ASSOCIATION**Current Principal Place of Business:**635 FIRST STREET NORTH
WINTER HAVEN, FL 33881**Current Mailing Address:**635 FIRST STREET NORTH
WINTER HAVEN, FL 33881**FEI Number:** 59-1407610**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HART, SHARON
635 FIRST STREET, NORTH
WINTER HAVEN, FL 33881 US*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

Officer/Director Detail :

Title ASST. VP
Name GRIFFIN, ELIZABETH H
Address 635 FIRST ST. NORTH
City-State-Zip: WINTER HAVEN FL 33881

Title PRESIDENT, DIRECTOR
Name MCGETRICK, JOHN J
Address 635 1ST ST, N
City-State-Zip: WINTER HAVEN FL 33881

Title TREASURER, DIRECTOR
Name MANCINI, JOSEPH A
Address 635 FIRST ST., N
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR, ASST. VP
Name KEOWN, MICHAEL
Address 635 FIRST STREET NORTH
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR, ASST. VP
Name HONER, RICHARD J
Address 635 FIRST ST N
City-State-Zip: WINTER HAVEN FL

Title VP, DIRECTOR
Name RAFOOL, GORDON J
Address 635 1ST ST, N
City-State-Zip: WINTER HAVEN FL 33881

Title SECRETARY, DIRECTOR
Name LACALAMITO, RICHARD
Address 635 FIRST ST., N
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR, ASST. VP
Name LAKE, BRIAN
Address 635 FIRST STREET NORTH
City-State-Zip: WINTER HAVEN FL 33881

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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: JOHN J MCGETRICK**PRESIDENT****02/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ASST. VP
Name	ARONSKI, WOJTEK
Address	635 FIRST STREET NORTH
City-State-Zip:	WINTER HAVEN FL 33881
Title	ASST. VP
Name	DOPICO, JORGE
Address	635 FIRST STREET NORTH
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Title	ASST. VP
Name	GASNER, ALAN
Address	635 FIRST STREET NORTH
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Title	ASST. VP
Name	JARDINE, LISA
Address	635 FIRST STREET NORTH
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Title	ASST. VP
Name	LIPSCHITZ, DAVID
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Title	ASST. VP
Name	LUBIN, EDWARD
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Title	ASST. VP
Name	MARTINEZ-SALAS, JOSE
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Title	ASST. VP
Name	MULLER, JEAN-PAUL
Address	635 FIRST STREET NORTH
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Title	ASST. VP
Name	PIERRE-LOUIS, EDNA
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Title	ASST. VP
Name	POCHCIAL, MARIA
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Title	ASST. VP
Name	RAJARATNAM, YOSHANA

Title	ASST. VP
Name	DESENA, MARY
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Title	ASST. VP
Name	FORD, RONALD
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Title	ASST. VP
Name	HOWARD, FRED
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Title	ASST. VP
Name	KRAMER, RANDALL
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Title	ASST. VP
Name	LOPEZ-MENDEZ, ADA
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Name	MARTIN, JAMES
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Title	ASST. VP
Name	MCCARTHY, MAURICE
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Title	ASST. VP
Name	OVEN, SARAH
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Title	ASST. VP
Name	POCHCIAL, KAJETAN
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Title	ASST. VP
Name	RADOCHA, RICHARD
Address	635 FIRST STREET NORTH
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Title	ASST. VP
Name	SHABLA, MARK
Address	635 FIRST STREET NORTH

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Title ASST. VP
Name SILVA, RANJIT
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Title ASST. VP
Name SULLIVAN, PATRICK
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Name VERRILL, PETER
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Title ASST. VP
Name CHRISTIAN, GARRISON F
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Name TAI, ZAHEED
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Name VIEGAS, ALEIXO
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Title ASST. VP
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