

2020 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 DIRECTOR, VP
Name HONER, RICHARD J
Address 635 FIRST ST N
City-State-Zip: WINTER HAVEN FL

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

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

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

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

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

Title ASST. VP
Name DESENA, MARY
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: RICHARD LACALAMITO**PRESIDENT****02/11/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASST. VP
 Name GASNER, ALAN
 Address 635 FIRST STREET NORTH
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Title ASST. VP
 Name KRAMER, RANDALL
 Address 635 FIRST STREET NORTH
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Title ASST. VP
 Name LOPEZ-MENDEZ, ADA
 Address 635 FIRST STREET NORTH
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Title ASST. VP
 Name MCCARTHY, MAURICE
 Address 635 FIRST STREET NORTH
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Title ASST. VP
 Name POCHCIAL, KAJETAN
 Address 635 FIRST STREET NORTH
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Title ASST. VP
 Name RADOCHA, RICHARD
 Address 635 FIRST STREET NORTH
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Title ASST. VP
 Name SPEYERER, DAVID
 Address 635 FIRST STREET NORTH
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Title ASST. VP
 Name CHRISTIAN, GARRISON F
 Address 635 FIRST STREET NORTH
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Title ASST. VP, DIRECTOR
 Name HARRISON, TRISTAN M
 Address 635 FIRST STREET NORTH
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Title ASST. VP
 Name CHOUBEY, RAKESH

Title ASST. VP
 Name FORD, RONALD
 Address 635 FIRST STREET NORTH
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Title SECRETARY, DIRECTOR
 Name JARDINE, LISA
 Address 635 FIRST STREET NORTH
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Title TREASURER, DIRECTOR
 Name LIPSCHITZ, DAVID
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Title DIRECTOR, ASST VP.
 Name MARTINEZ-SALAS, JOSE
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Title ASST. VP
 Name MULLER, JEAN-PAUL
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Title ASST. VP
 Name POCHCIAL, MARIA
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Title ASST. VP
 Name SHABLA, MARK
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Title ASST. VP
 Name VIEGAS, ALEIXO
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Title ASST. VP
 Name GHORSRIZ, ROYA
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Title ASST. VP
 Name ADVANI, VRITI
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Title DIRECTOR, ASST. VP
 Name KOON, JAMES E
 Address 635 FIRST STREET NORTH

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Title ASST. VP
Name COOPER, WILLIAM
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Title ASST. VP
Name JONES, WILLIE
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Name PORTEOUS, HALDANE
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Title ASST. VP
Name FALS, ZAHILY
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Title ASST. VP
Name MARTINO, MARIA
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