

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603790

FILED
Feb 08, 2013
Secretary of State
CC7051669687

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

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

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

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

Title DIRECTOR
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

02/08/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. VP
Name ARONSKI, WOJTEK
Address 635 FIRST STREET NORTH
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Title ASST. VP
Name DOPICO, JORGE
Address 635 FIRST STREET NORTH
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Title ASST. VP
Name GASNER, ALAN
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Title ASST. VP
Name JARDINE, LISA
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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
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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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Name FORD, RONALD
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Name HOWARD, FRED
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Name ROMBOLA, ROBERT
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Name SHABLA, MARK
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Name SPEYERER, DAVID
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Name VIEGAS, ALEIXO
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Name SILVA, RANJIT
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Name SULLIVAN, PATRICK
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Title ASST. VP
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