

2024 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 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

Title ASST. VP
Name DOPICO, JORGE
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 K LACALAMITO

PRESIDENT

03/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title SECRETARY, DIRECTOR
Name JARDINE, LISA
Address 635 FIRST STREET NORTH
City-State-Zip: WINTER HAVEN FL 33881

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

Title ASST. VP
Name POCHCIAL, MARIA
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 GHORSRIZ, ROYA
Address 635 FIRST STREET NORTH
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Title ASST. VP
Name ADVANI, VRITI
Address 635 FIRST STREET NORTH
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Title ASST. VP
Name JONES, WILLIE
Address 635 FIRST STREET NORTH
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Title ASST. VP
Name HALL, CLINTON R
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 TREASURER, DIRECTOR
Name LIPSCHITZ, DAVID
Address 635 FIRST STREET NORTH
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Title ASST. VP
Name MCCARTHY, MAURICE
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Title ASST. VP
Name RADOCHA, RICHARD
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Title ASST. VP
Name SPEYERER, DAVID
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Title ASST. VP, DIRECTOR
Name HARRISON, TRISTAN M
Address 635 FIRST STREET NORTH
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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 PORTEOUS, HALDANE
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Title ASST. VP
Name SIMONDS, LORRAINE S
Address 635 FIRST STREET NORTH
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