

2023 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

02/21/2023

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 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 RADOCHA, RICHARD
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Title ASST. VP
Name SPEYERER, DAVID
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Title ASST. VP
Name CHRISTIAN, GARRISON F
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Title ASST. VP, DIRECTOR
Name HARRISON, TRISTAN M
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Title ASST. VP
Name CHOUBEY, RAKESH
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Title ASST. VP
Name JONES, WILLIE
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Title ASST. VP
Name PORTEOUS, HALDANE

Title ASST. VP
Name GASNER, ALAN
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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 POCHCIAL, MARIA
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Name SHABLA, MARK
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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
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Name MARTINO, MARIA
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Name PARRILLO, LUCIEN J
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Name HALL, CLINTON R
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Name SIMONDS, LORRAINE S
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Title ASST. VP
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