

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603790

**FILED**  
**Feb 10, 2015**  
**Secretary of State**  
**CC2605231478**

**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, ASST. VP  
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, ASST. VP  
Name KEOWN, MICHAEL  
Address 635 FIRST STREET NORTH  
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**

**02/10/2015**

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  
City-State-Zip: WINTER HAVEN FL 33881

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

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

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

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

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

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

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

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

Title ASST. VP  
Name SHABLA, MARK

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

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

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

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

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

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

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

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

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

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

Title ASST. VP  
Name SPEYERER, DAVID  
Address 635 FIRST STREET NORTH

Address 635 FIRST STREET NORTH  
City-State-Zip: WINTER HAVEN FL 33881  
Title ASST. VP  
Name SULLIVAN, PATRICK  
Address 635 FIRST STREET NORTH  
City-State-Zip: WINTER HAVEN FL 33881  
Title ASST. VP  
Name VIEGAS, ALEIXO  
Address 635 FIRST STREET NORTH  
City-State-Zip: WINTER HAVEN FL 33881  
Title ASST. VP  
Name GHORSRIZ, ROYA  
Address 635 FIRST STREET NORTH  
City-State-Zip: WINTER HAVEN FL 33881  
Title ASST. VP  
Name TORRES, GEORGE F  
Address 635 1ST STREET NORTH  
City-State-Zip: WINTER HAVEN FL 33881

City-State-Zip: WINTER HAVEN FL 33881  
Title ASST. VP  
Name VERRILL, PETER  
Address 635 FIRST STREET NORTH  
City-State-Zip: WINTER HAVEN FL 33881  
Title ASST. VP  
Name CHRISTIAN, GARRISON F  
Address 635 FIRST STREET NORTH  
City-State-Zip: WINTER HAVEN FL 33881  
Title ASST. VP  
Name MORENO, ZAIRA J  
Address 635 FIRST STREET NORTH  
City-State-Zip: WINTER HAVEN FL 33881  
Title ASST. VP  
Name OOMMEN, MATHEW  
Address 635 1ST STREET NORTH  
City-State-Zip: WINTER HAVEN FL 33881