

2016 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 PRESIDENT, DIRECTOR
Name MCGETRICK, JOHN J
Address 635 1ST ST, N
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR, VP
Name LACALAMITO, RICHARD
Address 635 FIRST ST., N
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

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

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

Title DIRECTOR, TREASURER
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

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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****02/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date**Officer/Director Detail Continued :**

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
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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	SHABLA, MARK
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Title	ASST. VP
Name	SULLIVAN, PATRICK

Title	ASST. VP
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Name	GASNER, ALAN
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Name	KRAMER, RANDALL
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Name	MARTIN, JAMES
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Name	MCCARTHY, MAURICE
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Title	ASST. VP
Name	OVEN, SARAH
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Title	ASST. VP
Name	POCHCIAL, KAJETAN
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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	VERRILL, PETER
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Title ASST. VP
Name VIEGAS, ALEIXO
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