

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000044987

**Entity Name:** DANIEL H. GESSESSE MD P.A.

**Current Principal Place of Business:**

4511 N HIMES AVE  
SUITE 200  
TAMPA, FL 33614

**FILED**  
**Apr 29, 2017**  
**Secretary of State**  
**CC6735878327**

**Current Mailing Address:**

6388 GOLDEN EYE GLEN  
BRADENTON, FL 34202 US

**FEI Number:** 46-2846057

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GESSESSE, DANIEL H MD  
4511 N HIMES AVE  
SUITE 200  
TAMPA, FL 33614 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	P	Title	MANAGER
Name	GESSESSE, DANIEL H MD	Name	CHEN, MEI
Address	4511 N HIMES AVE SUITE 200	Address	4511 N HIMES AVE SUITE 200
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614

*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:** DANIEL GESSESSE

**PRESIDENT**

**04/29/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date