

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000028440

**Entity Name:** GESIOTTO, HENRICKS, KORDONOWY AND SIMMONS, MDS,  
P.A.

**FILED**  
**Jan 14, 2013**  
**Secretary of State**  
**CC9612501282**

**Current Principal Place of Business:**

6311 S POINTE BV  
SUITE 500  
FORT MYERS, FL 33919

**Current Mailing Address:**

6311 S POINTE BV  
SUITE 500  
FORT MYERS, FL 33919

**FEI Number: 65-0823004**

**Certificate of Status Desired: No**

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

SIMMONS, ROB DMD  
6311 S POINTE BV  
FORT MYERS, FL 33919 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 DR  
Name GESIOTTO, ERNEST JMD  
Address 6311 S POINTE DR  
City-State-Zip: FORT MYERS FL 33919  
  
Title DR  
Name KORDONOWY, RAYMOND WMD  
Address 6311 S POINTE DR  
City-State-Zip: FORT MYERS FL 33919

Title DR  
Name HENRICKS, DOUGLAS GMD  
Address 6311 S POINTE DR  
City-State-Zip: FORT MYERS FL 33919  
  
Title DR  
Name SIMMONS, ROB DMD  
Address 6311 S POINTE DR  
City-State-Zip: FORT MYERS FL 33919

*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: ERNEST J GESIOTTO, MD**

**OFFICER**

**01/14/2013**

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

\_\_\_\_\_  
Date