GOVERNOR'S OFFICE
Boards and Appointments

Application

Date Submitted: 11/29/2014 10:21:37 PM

As a general matter, applications for all positions within state Government are public records, which may be viewed by anyone upon request. However, there are some exemptions from the public records law for identifying information relating to past and present law enforcement officers and their families, victims of certain crimes, etc. If you believe an exemption from the public records law applies to portions of your application, please check this box. No

Contact

1- General

Title	Mr.	**First Name**	David
Middle/Maiden	John	**Last Name**	Bisaillon
Email Address	jadip@tampabay.rr.com	**Cell Phone**	941-773-7891
Race	Caucasian	**Gender**	Male
Fax		**Disability**	No

Addresses

Speficy the preferred mailing address: Residential

2- Residence

Address Line 1	8701 53rd Place East	**Address Line 2**	
City	Bradenton	**State**	Florida
County	Manatee	**Zip / Postal Code**	34211
Phone Number	941-739-6038		

3- Business

Address Line 1		**Address Line 2**	
City		**State**	Please select
Zip / Postal Code		**Phone Number**	

Other Residences

4-A. List all your places of residence for the last ten (10) years.

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Address	City & State	Start Date	End Date
8701 53rd Place East	Bradenton, Florida	November, 2010	Present
8718 53rd Place East	Bradenton, Florida	January, 2007	October, 2010

4-B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

Address	City & State	Start Date	End Date
16256 Winchester Drive	Northville, Michigan	August, 1979	March, 1983
165 West Oak Street	Ramsey, New Jersey	April, 1983	December, 2006
3488 Clubland Drive	Marietta, Georgia	June, 1974	June, 1976
7620 Beechlake Drive	Columbus, Ohio	July, 1976	July, 1979
7737 66th Road	Middle Village, NY	November, 1969	May, 1974

Personal Information

5- Date of Birth 03/30/1940 **Place of Birth** Northampton, Mass.

6- Driver License # B245170401100 **Issuing State** Florida

7- Social Security # s. 119.071 (5)(a) F.S.

8- Have you ever used or been known by any other legal name? No

9- A. Are you a United States citizen? Yes

B. If you are a naturalized citizen, date of naturalization

10- Since what year have you been a continuous resident of Florida? 2007

11- Vote

Are you a registered Florida voter? Yes

County of registration Manatee **Current Party Affiliation** Republican

Education

12-A. High School Northampton, Mass. **Year Graduated** 1958

B. List all postsecondary educational institutions attended

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Name & Location	Start Date	End Date	Certificates / Degrees Received
Queens College, City Univ. of NY	Jan., 1963	June, 1969	AAS, Business
Queens College, City Univ. of NY	Sept., 1969	June, 1973	BA, Economics
PACE University, NY, NY	Sept., 1983	June, 1985	MBA

Employment

13- Are you or have you ever been a member of the armed forces of the United States? Yes

A. Date of Service 7/1/1958

B. Branch or component United States Marine Corps

C. Date & Type of Discharge Honorable

14- Concerning your current employer and for all of your employment during the last ten years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

Employer's Name & Address	Type of Business	Occupation / Job Title	Start Date	End Date
IBM, Route 100, Somers, NY	Technology Services	Executive	Feb., 1967	March, 2006
IBM Retiree	none	none	April, 2006	Present

15- Have you ever been employed by any state, district, or local governmental agency in Florida? No

Position	Employing Agency	Start Date	End Date

Appointments

16- A. State your experiences and interests or elements of your personal history that qualify you for this appointment

Corporate & Government Experience

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? No

C. Have you received any awards or recognitions relating to the subject matter of this appointment?
No

D. Identify all association memberships and association offices held by you that relate to this appointment

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17- Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? No

18- Have you previously been appointed to any office that required confirmation by the Florida Senate? No

Title of Office	Term of Appointment	Confirmation Result

19- A. Have you ever been elected or appointed to any public office in this state? No

Office Title	Date of Election or Appointment	Term of Office	Level of Government (city, county, district, state, federal)

B. If your service was on an appointed board(s), committee(s), or council(s)

1- How frequently were meetings scheduled

2- If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s)

Meetings Attended	Meetings Missed	Reason for Absence

Violation

20- Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of $150 or less was paid.) No

Date	Place	Nature	Disposition

21- Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? No

Date	Nature of Violation	Disposition

22- Have you ever been suspended from any office by the Governor of the State of Florida? No

Title of Office

Reason of Suspension

Date of Suspension

Result Please Select

23- Have you ever been refused a fidelity, surety, performance, or other bond? No

GOVERNOR'S OFFICE
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Certifications

24- Have you held or do you hold an occupational or professional license or certificate in the State of Florida? No

Error: Subreport could not be shown.

25- Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? No

A. Did you receive any compensation other than reimbursement for expenses? No

B. Name of agency or entity you lobbied and the principal(s) you represented

Agency Lobbies	Principal Represented

Disclosures

26- If required by law or administrative rule, will you file financial disclosure statements? Yes

27- A. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? No

Name of Business	Your Relationship to Business	Business Relationship to Agency

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? No

Name of Business	Family Member's Relationship to You	Family Member's Relationship to Business	Business Relationship to Agency

References & Affiliations

28- List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

Name	Mailing Address	Zip Code	Phone Number
Kathleen King	2809 Avenue E, Holmes Beach, Fl	34217	9417790160
Peggy Simone	3500 El Conquistador Pkwy, Bradenton, Fl	34210	9417560577
Terry Gubbins	14426 Sundail Pl. LWR, Fl.	34202	8137890372

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29- Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s)

Name	Mailing Address	Office(s) Held & Term	Date of Membership
Knights of Columbus	48 Mechanics St., Ramsey, NJ 07446	none	#Error

30- Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? No

31- Are you now, or in the past three years have you been, a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor? Yes

K of C is a Catholic Mens Fraternal Organization

Boards of Interest

Functional Category	Board Name	Seat	Seat Qualification	Reappointment
Medical & Health	Board of Pharmacy	7	Residents of Florida who have never been licensed as pharmacists and who are not connected with the profession of pharmacy.	No

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Application

Date Submitted: 6/9/2015 10:41:36 AM

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Contact

1- General

Title	Dr.	**First Name**	Seela
Middle/Maiden		**Last Name**	Ramesh
Email Address	seelaramesh@yahoo.com	**Cell Phone**	407-456-3079
Race	Asian/Pacific Islander	**Gender**	Male
Fax	407-384-7388	**Disability**	No

Addresses

Speficy the preferred mailing address: Residential

2- Residence

Address Line 1	2626 Teton Stone Run	**Address Line 2**	
City	orlando	**State**	Florida
County	Orange	**Zip / Postal Code**	32828
Phone Number	407-456-3079		

3- Business

Address Line 1	100 North Dean Road	**Address Line 2**	
City	Orlando	**State**	Florida
Zip / Postal Code	32825	**Phone Number**	407-456-3079

Other Residences

4-A. List all your places of residence for the last ten (10) years.

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Address	City & State	Start Date	End Date
2626 Teton Stone Run	Orlando	2010	Present

4-B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

Address	City & State	Start Date	End Date

Personal Information

5- Date of Birth 06/10/1967 **Place of Birth** India

6- Driver License # R520780672100 **Issuing State** Florida

7- Social Security # s. 119 071(5)(a) F.S.

8- Have you ever used or been known by any other legal name? No

9- A. Are you a United States citizen? Yes

B. If you are a naturalized citizen, date of naturalization 1/4/2012

10- Since what year have you been a continuous resident of Florida? 2010

11- Vote

Are you a registered Florida voter? Yes

County of registration Orange **Current Party Affiliation** undetermined

Education

12-A. High School St Alphonus High School **Year Graduated** 1982

B. List all postsecondary educational institutions attended

Name & Location	Start Date	End Date	Certificates / Degrees Received
Virginia Commonwealth University	2003	2007	Gastroenterology
University of Connecticut	2000	2003	Internal Medicine
Spartan Health Sciences University	1996	2000	MD
Cleveland State University	1989	1992	MS

Employment

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13- Are you or have you ever been a member of the armed forces of the United States? No

A. Date of Service

B. Branch or component

C. Date & Type of Discharge

14- Concerning your current employer and for all of your employment during the last ten years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

Employer's Name & Address	Type of Business	Occupation / Job Title	Start Date	End Date
Digestive and Liver Center of Florida	Healthcare	Physician	2010	present

15- Have you ever been employed by any state, district, or local governmental agency in Florida? No

Position	Employing Agency	Start Date	End Date

Appointments

16- A. State your experiences and interests or elements of your personal history that qualify you for this appointment

I am well trained in clinical, research and teaching aspects of medicine. I have also published papers in Journals. I have ben very active in the community.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? No

C. Have you received any awards or recognitions relating to the subject matter of this appointment?
No

D. Identify all association memberships and association offices held by you that relate to this appointment

17- Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? No

18- Have you previously been appointed to any office that required confirmation by the Florida Senate?
No

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Title of Office	Term of Appointment	Confirmation Result

19- A. Have you ever been elected or appointed to any public office in this state? No

Office Title	Date of Election or Appointment	Term of Office	Level of Government (city, county, district, state, federal)

B. If your service was on an appointed board(s), committee(s), or council(s)

1- How frequently were meetings scheduled

2- If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s)

Meetings Attended	Meetings Missed	Reason for Absence

Violation

20- Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of $150 or less was paid.) No

Date	Place	Nature	Disposition

21- Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? No

Date	Nature of Violation	Disposition

22- Have you ever been suspended from any office by the Governor of the State of Florida? No

Title of Office

Reason of Suspension

Date of Suspension

Result Please Select

23- Have you ever been refused a fidelity, surety, performance, or other bond? No

Certifications

24- Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes

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25- Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? No

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A. Did you receive any compensation other than reimbursement for expenses? No

B. Name of agency or entity you lobbied and the principal(s) you represented

Agency Lobbies	Principal Represented

Disclosures

26- If required by law or administrative rule, will you file financial disclosure statements? Yes

27- A. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? No

Name of Business	Your Relationship to Business	Business Relationship to Agency

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Name of Business	Family Member's Relationship to You	Family Member's Relationship to Business	Business Relationship to Agency

References & Affiliations

28- List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

Name	Mailing Address	Zip Code	Phone Number
Johnny Lynnaugh	13156 Lower Harden Avenue, Orlando, FL	32827	4073537800
Mike Hsu	1000 Legion Pl Suite 1400	32801	4074461993

29- Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s)

Name	Mailing Address	Office(s) Held & Term	Date of Membership

30- Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? No

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31- Are you now, or in the past three years have you been, a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor? No

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Boards of Interest

Functional Category	Board Name	Seat	Seat Qualification	Reappointment
Medical & Health	Board of Medicine	8	Twelve licensed Physicians, residents of the state, who have been engaged in the practice of medicine 4 years.	No
Medical & Health	Board of Medicine	8	Twelve licensed Physicians, residents of the state, who have been engaged in the practice of medicine 4 years.	No
Medical & Health	Board of Medicine	14	Twelve licensed Physicians, residents of the state, who have been engaged in the practice of medicine 4 years.	No
Medical & Health	Board of Medicine	15	Twelve licensed Physicians, residents of the state, who have been engaged in the practice of medicine 4 years.	No