


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 515371**  
 1. Entity Name  
 ROGER G. VOELKER, MD, P. A.



Principal Place of Business: 701 NORTH "S" ST. PENSACOLA, FL 32505  
 Mailing Address: 701 NORTH "S" ST. PENSACOLA, FL 32505

**DO NOT WRITE IN THIS SPACE**



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-1696635 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VOELKER, ROGER G.  
 701 NORTH "S" ST.  
 PENSACOLA, FL 32505

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000251584  
 03/04/05 80053 025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VOELKER, ROGER G.
STREET ADDRESS	400 N. SUNSET BLVD.
CITY-ST-ZIP	GULF BREEZE FL.
TITLE	ST
NAME	VOELKER, ROSEMARIE
STREET ADDRESS	400 N. SUNSET BLVD.,
CITY-ST-ZIP	GULF BREEZE FL.
TITLE	V
NAME	VOELKER, JASON P
STREET ADDRESS	400 N SUNSET BLVD
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE: Roger G. Voelker MD **ROGER G. VOELKER**  
 \_\_\_\_\_ **3/1/2005** **850-932-4548**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #