2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 515371

1. Entity Name ROGER G. VOELKER, MD, P. A.



FILED Jan 19, 2006 08:00 AM Secretary of State

Principal Place of Business

701 NORTH "S" ST. PENSACOLA, FL 32505 Mailing Address

701 NORTH "S" ST. PENSACOLA, FL. 32505



01162006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1696635

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

VOELKER, ROGER G. 701 NORTH "S" ST. PENSACOLA, FL 32505			NOT WRITE THIS SPACE
 The above named entity submits this statement for the p the obligations of registered agent. SIGNATURE			
Signature, typed or printed name of registered agent and title FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee wrill be \$550.00	9. Election Campaign Financing	\$5.00 May Be kided to Fees	DATE
TITLE PD VOELKER, ROGER G. STREET ADDRESS 400 N. SUINSET BLVD. CITY-ST-ZIP GULF BREEZE FL. TITLE ST VOELKER, ROSEMARIE STREET ADDRESS 400 N. SUINSET BLVD., CITY-ST-ZIP GULF BREEZE FL, TITLE V NAME VOELKER, JASON P STREET ADDRESS 400 N. SUINSET BLVD. CITY-ST-ZIP GULF BREEZE, FL 32561 TITLE TURE VOELKER, JASON P GULF BREEZE, FL 32561			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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.

ROGGR 6. VOCELIER - PRE-SIDENT

SIGNATURE:

Daytime Phone #