

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90218 017 ***150.00

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**

60001030



2. Principal Place of Business - No P.O. Box #
400 N. SUNSET BLVD
Suite, Apt. #, etc.

3. Mailing Address
400 N. SUNSET BLVD
Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State
GULF BREEZE, FL

City & State
GULF BREEZE, FL

4. FEI Number
59-1696635

Applied For
Not Applicable

Zip
32561

County
USA

Zip
32561

Country
USA

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**

7. Name and Address of New Registered Agent

Name
VOELKER, ROGER G.
Street Address (P.O. Box Number is Not Acceptable)
400 N. SUNSET BLVD.

City
GULF BREEZE **FL** Zip Code
32561

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 **Roger G. Voelker**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **VOELKER, ROGER G.**
STREET ADDRESS **400 N. SUNSET BLVD.**
CITY-ST-ZIP **GULF BREEZE FL.**

TITLE **ST** ☐ Delete
NAME **VOELKER, ROSEMARIE**
STREET ADDRESS **400 N. SUNSET BLVD.,**
CITY-ST-ZIP **GULF BREEZE FL.**

TITLE **V** ☐ Delete
NAME **VOELKER, JASON P**
STREET ADDRESS **400 N SUNSET BLVD**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07
Date

850-932-4548
Daytime Phone #