

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 515371

FILED  
Jan 14, 2010  
Secretary of State

**Entity Name:** ROGER G. VOELKER, MD, P. A.

**Current Principal Place of Business:**

400 N SUNSET BLVD  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

400 N SUNSET BLVD  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:** 59-1696635      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VOELKER, ROGER G.  
400 N SUNSET BLVD  
GULF BREEZE, FL 32561      US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VOELKER, ROGER G.  
Address: 400 N. SUNSET BLVD.  
City-St-Zip: GULF BREEZE FL,

Title: ST  
Name: VOELKER, ROSEMARIE  
Address: 400 N. SUNSET BLVD.,  
City-St-Zip: GULF BREEZE FL,

Title: V  
Name: VOELKER, JASON P  
Address: 400 N SUNSET BLVD  
City-St-Zip: GULF BREEZE, FL 32561

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: ROGER G VOELKER

PD

01/14/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date