

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AN AMOUNT DUE ON OR BEFORE 6/15/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$375)** **JUNE 19, 1994**

**CORPORATION ANNUAL REPORT 1994**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

94 JUN 20 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 653892 (0)**

1. Corporation Name  
**MICHAEL X. ROHAN, M.D., P.A.**

Mailing Address  
**408 WEST 19TH ST.  
PANAMA CITY FL 32405**

Principal Place of Business  
**408 WEST 19TH ST.  
PANAMA CITY FL 32405**

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified <b>01/29/1960</b>	3a. Date of Last Report <b>03/11/1993</b>
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FBI Number <b>59-1968414</b>	5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>
25. Zip	26. City & State	27. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**ROHAN, DR MICHAEL X., P.A.  
408 W. 19TH ST.  
PANAMA CITY FL**

10. Name and Address of New Registered Agent	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: MICHAEL X. ROHAN MD  
Signature, typed or printed name of registered agent and date of signature: **6/15/94**

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D	11 TITLE	
12 NAME	ROHAN, DR MICHAEL	12 NAME	
13 STREET ADDRESS	408 W 19TH ST	13 STREET ADDRESS	
14 CITY - ST - ZIP	PANAMA CITY, FL 00000	14 CITY - ST - ZIP	
21 TITLE		21 TITLE	
22 NAME	ROHAN, THELMA	22 NAME	
23 STREET ADDRESS	211 S COVE TERR DR	23 STREET ADDRESS	
24 CITY - ST - ZIP	PANAMA CITY, FL 00000	24 CITY - ST - ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY - ST - ZIP		34 CITY - ST - ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 appointed to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of column 1, or on an attachment with an address.

SIGNATURE: Thelma G. Rohan **THELMA G. ROHAN** **6/15/94** **904-769-5400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR