

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **653892** (0)

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



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

3. Date Incorporated or Qualified 01/29/1980	3a. Date of Last Report 01/31/1995
4. FEI Number 59-1968414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip Country	28. Zip Country
25. Zip	29. Zip
26. Country	30. Country

9. Name and Address of Current Registered Agent

**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.	
84. City	FL
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the principal officer (NOTE: Registered Agent signature required when not stating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE: PD	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: ROHAN, DR MICHAEL	13.2 NAME:
12.3 STREET ADDRESS: 408 W 19TH ST	13.3 STREET ADDRESS:
12.4 CITY - ST - ZIP: PANAMA CITY, FL 00000	13.4 CITY - ST - ZIP:
12.5 TITLE: V	13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: ROHAN, THELMA	13.6 NAME:
12.7 STREET ADDRESS: 211 S COVE TERR DR	13.7 STREET ADDRESS: 239 S. COVE TERR. DR.
12.8 CITY - ST - ZIP: PANAMA CITY, FL 00000	13.8 CITY - ST - ZIP: PANAMA CTY, FLA, 32401
12.9 TITLE:	13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME:	13.10 NAME:
12.11 STREET ADDRESS:	13.11 STREET ADDRESS:
12.12 CITY - ST - ZIP:	13.12 CITY - ST - ZIP:
12.13 TITLE:	13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME:	13.14 NAME:
12.15 STREET ADDRESS:	13.15 STREET ADDRESS:
12.16 CITY - ST - ZIP:	13.16 CITY - ST - ZIP:
12.17 TITLE:	13.17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME:	13.18 NAME:
12.19 STREET ADDRESS:	13.19 STREET ADDRESS:
12.20 CITY - ST - ZIP:	13.20 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 119.07(3)(k), 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thelma Rohan* **THELMA G. ROHAN** 1-18-96 - 904-769-5400

CR2E034 (12/95)