


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 653892
 1. Entity Name
 MICHAEL X. ROHAN, M.D., P.A.



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

DO NOT WRITE IN THIS SPACE



02272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1968414 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 ROHAN, DR MICHAEL X., P.A.
 408 W. 19TH ST.
 PANAMA CITY, FL 32405

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

000000247790
 03/02/05-80001-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROHAN, DR MICHAEL
STREET ADDRESS	408 W 19TH ST
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	V
NAME	ROHAN, THELMA
STREET ADDRESS	239 S. COVE TERR. DR.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thelma X Rohan 2/27/2005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #