

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 653892

FILED  
Mar 01, 2010  
Secretary of State

**Entity Name:** MICHAEL X. ROHAN, M.D., P.A.

**Current Principal Place of Business:**

408 WEST 19TH ST.  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

408 WEST 19TH ST.  
PANAMA CITY, FL 32405 US

**New Mailing Address:**

FEI Number: 59-1968414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROHAN, DR MICHAEL X., P.A.  
408 W. 19TH ST.  
PANAMA CITY, FL 32405 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: PRES  
Name: ROHAN, DR MICHAEL  
Address: 408 W 19TH ST  
City-St-Zip: PANAMA CITY,, FL 32405 US

Title: VP  
Name: ROHAN, THELMA  
Address: 239 S. COVE TERR. DR.  
City-St-Zip: PANAMA CITY, FL 32401 US

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: MICHAEL X ROHAN

DR

03/01/2010

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

\_\_\_\_\_ Date