

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 515371

**FILED  
Dec 20, 2014  
Secretary of State  
CC5275191211**

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

**Current Principal Place of Business:**

400 N SUNSET BLVD  
GULF BREEZE, FL 32561

**Current Mailing Address:**

400 N SUNSET BLVD  
GULF BREEZE, FL 32561

**FEI Number:** 59-1696635

**Certificate of Status Desired:** Yes

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

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

*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

**Officer/Director Detail :**

Title PD  
Name VOELKER, ROGER G.  
Address 400 N. SUNSET BLVD.  
City-State-Zip: GULF BREEZE FL 32561-4060

Title ST  
Name VOELKER, ROSEMARIE  
Address 400 N. SUNSET BLVD.  
City-State-Zip: GULF BREEZE FL 32561-4060

Title V  
Name VOELKER, JASON P  
Address 400 N SUNSET BLVD  
City-State-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 VOELKER

PHYSICIAN

12/20/2014

Electronic Signature of Signing Officer/Director Detail

Date