

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000060629

**Entity Name:** KIRK G. VOELKER, M.D., P.A.

**Current Principal Place of Business:**

1537 STATE ST  
SARASOTA, FL 34236

**Current Mailing Address:**

1537 STATE ST  
SARASOTA, FL 34236 US

**FEI Number:** 65-0685521

**Certificate of Status Desired:** No

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

VOELKER, KIRK GM.D.  
1537 STATE ST  
SARASOTA, FL 34236 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 MGR  
Name VOELKER, KIRK GM.D.  
Address 1485 SIESTA DR  
City-State-Zip: SARASOTA FL 34239

Title MGR  
Name VOELKER, KIRK  
Address 1485 SIESTA DR  
City-State-Zip: SARASOTA FL 34239

Title MGR  
Name VOELKER, KIRK  
Address 1485 SIESTA DR  
City-State-Zip: SARASOTA FL 34239

Title MGR  
Name VOELKER, KIRK  
Address 1485 SIESTA DR  
City-State-Zip: SARASOTA FL 34239

*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:** KIRK VOELKER

**MANAGER**

**08/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date