2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 572146

1. Entity Name
CURRENT REVIEWS FOR NURSE ANESTHETISTS, INC.

Principal Place of Business	Mailing Address
1828 SE FIRST AVENUE FORT LAUDERDALE, FL 33316 US	1828 SE FIRST AVENUE FORT LAUDERDALE, FL 33316 US

U00000516915
05/01/06-80024-002 150.00

04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1821258
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOYA, FRANK
1828 SE FIRST AV
FORT LAUDERDALE, FL 33316

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	MOYA, FRANK
STREET ADDRESS	1828 SE FIRST AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	DS
NAME	MCNULTY, JOAN
STREET ADDRESS	1828 SE FIRST AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D
NAME	LICHTIGER, MONTE
STREET ADDRESS	1828 SE FIRST AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Joan McNulty 4/14/06 954-763-8003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #