

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 572146

FILED  
Mar 28, 2012  
Secretary of State

**Entity Name:** CURRENT REVIEWS FOR NURSE ANESTHETISTS, INC.

**Current Principal Place of Business:**

1828 SE FIRST AVENUE  
FORT LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

1828 SE FIRST AVENUE  
FORT LAUDERDALE, FL 33316 US

**New Mailing Address:**

**FEI Number:** 59-1821258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOYA, FRANK M.D.  
1828 SE FIRST AV  
FORT LAUDERDALE, FL 33316 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOYA, FRANK M.D.  
Address: 1828 SE FIRST AVE  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DS  
Name: MCNULTY, JOAN  
Address: 1828 SE FIRST AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: JOAN MCNULTY

MGMR

03/28/2012

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

\_\_\_\_\_  
Date