

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90515 033 \*\*\*150.00

**DOCUMENT # 680078**

1. Entity Name  
**CURRENT REVIEWS IN CLINICAL ANESTHESIA, INC.**



Principal Place of Business

1828 SE FIRST AVE.  
FORT LAUDERDALE, FL 33316

Mailing Address

1828 SE FIRST AVE.  
SUITE 106  
FORT LAUDERDALE, FL 33316

00040268



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2015916**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MOYA, FRANK M.D.  
~~1320 S. DIXIE HWY., STE 1060~~ 1828 SE FIRST AV  
CORAL GABLES, FL 33146 FT LAUDERDALE FL  
33316

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME MOYA, FRANK  
STREET ADDRESS 1828 SE FIRST AV  
CITY-ST-ZIP FT LAUDERDALE  
CORAL GABLES, FL 33146 FL 33316

TITLE DS  
NAME MCNULTY, JOAN  
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

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 exemption stated in Section 119.07(3)(i), 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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan McNulty, Director

Date

Daytime Phone #

4/15/05 954-763-8003