

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F07000004339**

1. Entity Name  
**ANODYNE MEDICAL SERVICES CORPORATION**



Principal Place of Business  
**1515 HANCOCK STREET  
QUINCY, MA 02169**

Mailing Address  
**PO BOX 2069  
QUINCY, MA 02269**



04162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-2497415</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**MURANO, JAMES  
305 PIRATES BIGHT  
NAPLES, FL 34103**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	CDPS
NAME	MURANO, JAMES
STREET ADDRESS	1515 HANCOCK STREET
CITY-ST-ZIP	QUINCY, MA 02169

TITLE	T
NAME	MURANO, JAMES
STREET ADDRESS	1515 HANCOCK STREET
CITY-ST-ZIP	QUINCY, MA 02169

TITLE	VCD
NAME	SBARDELLA, DONNA
STREET ADDRESS	1515 HANCOCK STREET
CITY-ST-ZIP	QUINCY, MA 02169

TITLE	VP
NAME	SBARDELLA, DONNA
STREET ADDRESS	1515 HANCOCK STREET
CITY-ST-ZIP	QUINCY, MA 02169

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/08-80107-023 158.75

**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:** *James Murano* **James Murano**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-08**  
Date

**617-471-7200**  
Daytime Phone #