

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000089413

1. Corporation Name

WOLVERINE ANESTHESIA CONSULTANTS, M.D., P.A.

Principal Place of Business

8620 BAY VIEW CT.  
ORLANDO FL 32836

Mailing Address

8620 BAY VIEW CT.  
ORLANDO FL 32836

2. Principal Place of Business

21 100 W. Lucerne Circle  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 4918  
Suite, Apt. #, etc.

22 Suite 502  
City & State

23 Orlando, FL  
Zip Country

24 32801 25 USA

27 City & State

28 Orlando, FL  
Zip Country

29 32802-4918 30 USA

9. Name and Address of Current Registered Agent

SCHICK, DAVID L  
201 E. PINE ST., SUITE 1200  
ORLANDO FL 32801

81 Name

Roger S. Murbach

82 Street Address (P.O. Box Number is Not Acceptable)

100 W. Lucerne Circle, Suite 502

83

84 City

Orlando, FL

85 Zip Code

32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, type or printed name of registered agent and title if applicable)

(NOTE: Registered agent signature required when reinstating)

DATE

3/12/99

12. OFFICERS AND DIRECTORS

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

TITLE PD  
NAME MURBACH, ROGER S  
STREET ADDRESS 8620 BAY VIEW CT.  
CITY-ST-ZIP ORLANDO FL 32836

TITLE DS  
NAME APPLEBLATT, STEVEN L  
STREET ADDRESS 875 CYNTIANNIA CIR.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE DT  
NAME STOCKTON, EDWARD A  
STREET ADDRESS 9062 POINT CYPRESS DR.  
CITY-ST-ZIP ORLANDO FL 32836

TITLE  DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Change  Addition

TITLE  DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Change  Addition

TITLE  DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Change  Addition

TITLE  DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Change  Addition

TITLE  DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

Change  Addition

TITLE  DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change  Addition

TITLE  DELETE

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90139 026 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1998

4. FEI Number

59-3537483

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax

Yes

No

8. Name and Address of New Registered Agent

81 Name

Roger S. Murbach

82 Street Address (P.O. Box Number is Not Acceptable)

100 W. Lucerne Circle, Suite 502

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84 City

Orlando, FL

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CR2E034 (11/98)