

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089413

1. Entity Name

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

Principal Place of Business

Mailing Address

100 W. LUCERNE CIRCLE
SUITE 502
ORLANDO FL 32801

P.O. BOX 4918
ORLANDO FL 32802-4918

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3537483

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURBACH, ROGER S
100 W. LUCERNE CIRCLE
SUITE 502
ORLANDO FL 32801

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS MURBACH, ROGER S
CITY-ST-ZIP 100 W LUCERNE CIRCLE #502
ORLANDO FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DS
STREET ADDRESS APPLEBLATT, STEVEN L
CITY-ST-ZIP 100 W LUCERNE CIRCLE #502
ORLANDO FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DT
STREET ADDRESS STOCKTON, EDWARD A
CITY-ST-ZIP 100 W LUCERNE CIRCLE #502
ORLANDO FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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

4/23/01
Date

407-
872-2244-0210
Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90408 043 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)