

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-04-2005 90069 023 ***150.00

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1. Entity Name
WOLVERINE ANESTHESIA CONSULTANTS, M.D., P.A.



Principal Place of Business
**100 W. LUCERNE CIRCLE
SUITE 502
ORLANDO, FL 32801**

Mailing Address
**P.O. BOX 4918
ORLANDO, FL 32802-4918**

66014244



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3537483

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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

**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)

3/23/05
DATE

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

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

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

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 lists empowered.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05
Date

Daytime Phone #