

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90421 032 ***150.00

DOCUMENT # P98000089413

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**

2. Principal Place of Business
400 N. Mills Avenue

3. Mailing Address
No Change

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242006

Chg-P

CR2E034 (11/05)

City & State
Orlando, FL

City & State

4. FEI Number

59-3537483

Applied For

Not Applicable

Zip
32803-5722

Country
US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Murbach, Roger S.
Street Address (P.O. Box Number is Not Acceptable)
400 N. Mills Avenue

City
Orlando

FL

Zip Code
32803-5722

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, 2006 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS APPLEBLATT, STEVEN L 100 W LUCERNE CIRCLE #502 ORLANDO, FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STOCKTON, EDWARD A 100 W LUCERNE CIRCLE #502 ORLANDO, FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Murbach, Roger S. 400 N. Mills Avenue Orlando, FL 32803-5722	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Appelblatt, Steven L. 400 N. Mills Avenue Orlando, FL 32803-5722	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Stockton, Edward A. 400 N. Mills Avenue Orlando, FL 32803-5722	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #