

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000089413

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



**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
400 NORTH MILLS AVENUE  
ORLANDO, FL 32803-5722 US

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



01052007 No Chg-P CR2E034 (11/05)

**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

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

MURBACH, ROGER S  
400 NORTH MILLS AVENUE  
ORLANDO, FL 32803-5722

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
☐ Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MURBACH, ROGER S
STREET ADDRESS	400 NORTH MILLS AVENUE
CITY-ST-ZIP	ORLANDO, FL 328035722
TITLE	DS
NAME	APPELBLATT, STEVEN L
STREET ADDRESS	400 NORTH MILLS AVENUE
CITY-ST-ZIP	ORLANDO, FL 328035722
TITLE	DT
NAME	STOCKTON, EDWARD A
STREET ADDRESS	400 NORTH MILLS AVENUE
CITY-ST-ZIP	ORLANDO, FL 328035722
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000635764  
04/17/07-80073-007 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07 407-812-2244

Date

Daytime Phone #