

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000089413

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



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

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

DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

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, 2008 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

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CITY- ST- ZIP

000000859414
04/02/08-80019-022 150.00

**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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08
Date

407-872-2244 x 110
Daytime Phone #