

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90063 039 ****50.00

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01052006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000071738					
1. Entity Name CRITICAL CARE CONSULTANTS, LLC					
Principal Place of Business 1895 FLOYD STREET SARASOTA, FL 34239			Mailing Address 1895 FLOYD STREET SARASOTA, FL 34239		
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 20-1734269	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HURWITZ, KENNETH M 1895 FLOYD STREET SARASOTA, FL 34239			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLEGLER KANE & ADAMS MD'S PA	NAME	Fleegler, Kane & Adams, MD's, P.A.		
STREET ADDRESS	1895 FLOYD STREET	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHEST MEDICINE ASSOCIATES, PA	NAME			
STREET ADDRESS	1895 FLOYD STREET	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIRK & VOELKER MD, PA	NAME			
STREET ADDRESS	1895 FLOYD STREET	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	M. Hurwitz KENNETH ROTHHERWITZ, MD LLC	NAME	Kenneth M. Hurwitz, MD, LLC		
STREET ADDRESS	1895 FLOYD STREET	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TODD K. HORIUCHI, MD LLC	NAME			
STREET ADDRESS	1895 FLOYD STREET	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Bruce Fleegler, MD		
STREET ADDRESS		STREET ADDRESS	1895 Floyd St		
CITY-ST-ZIP		CITY-ST-ZIP	Sarasota, FL 34239		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:		K Hurwitz 1/5/06		(941) 366-5864	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	