


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90181 049 ****50.00

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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01122007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1734269

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

HURWITZ, KENNETH M
1895 FLOYD STREET
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEEGLER, KAME & ADAMS, MD'S, P.A. 1895 FLOYD STREET SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEST MEDICINE ASSOCIATES, PA 1895 FLOYD STREET SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURWITZ, KENNETH M LLC/MD 1895 FLOYD STREET SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kenneth M. Hurwitz, MD, LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TODD K. HORIUCHI, MD LLC 1895 FLOYD STREET SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEEGLER, BRUCE 1895 FLOYD ST. SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1895 Floyd St. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **Kenneth Hurwitz MD** **2/14/07** **841 366-5864**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #