



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90267 026 \*\*\*138.75

<b>DOCUMENT # L04000071738</b>							
1. Entity Name <b>CRITICAL CARE CONSULTANTS, LLC</b>							
Principal Place of Business <b>1895 FLOYD STREET SARASOTA, FL 34239</b>			Mailing Address <b>1895 FLOYD STREET SARASOTA, FL 34239</b>				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01182008 Chg-LLC CR2E083 (12/06)			
Zip		Country		4. FEI Number <b>20-1734269</b>			
				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>HURWITZ, KENNETH M 1895 FLOYD STREET SARASOTA, FL 34239</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City				
			<b>FL</b>		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>							
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE P	NAME FLEEGLER, KAME & ADAMS, MD'S, P.A.		<input checked="" type="checkbox"/> Delete	TITLE MGRM	NAME Gregory J. Ferreira, Inc		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1895 FLOYD STREET	CITY-ST-ZIP SARASOTA, FL 34239			STREET ADDRESS 1895 Floyd St.	CITY-ST-ZIP Sarasota, FL 34239		
TITLE <del>X</del> MGRM	NAME CHEST MEDICINE ASSOCIATES, PA		<input type="checkbox"/> Delete	TITLE MGRM	NAME Kisha J. Morgan, MD LLC		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1895 FLOYD STREET	CITY-ST-ZIP SARASOTA, FL 34239			STREET ADDRESS 1895 Floyd St.	CITY-ST-ZIP Sarasota, FL 34239		
TITLE MGRM	NAME KENNETH M. HURWITZ, MD LLC		<input type="checkbox"/> Delete	TITLE MGRM	NAME Kirk G. Voelker, MD		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1895 FLOYD STREET	CITY-ST-ZIP SARASOTA, FL 34239			STREET ADDRESS 1895 Floyd St	CITY-ST-ZIP Sarasota, FL 34239		
TITLE MGRM	NAME TODD K. HORIUCHI, MD LLC		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1895 FLOYD STREET	CITY-ST-ZIP SARASOTA, FL 34239			STREET ADDRESS	CITY-ST-ZIP		
TITLE <del>X</del> MGRM	NAME FLEEGLER, BRUCE MD		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1895 FLOYD ST	CITY-ST-ZIP SARASOTA, FL 34239			STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP		
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:  Kenneth Hurwitz MD				Date: 2/19/08		Daytime Phone #: (941) 366-5864	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							