

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071738

FILED
Jan 26, 2012
Secretary of State

Entity Name: CRITICAL CARE CONSULTANTS, LLC

Current Principal Place of Business:

1921 WALDEMERE ST
#705
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1921 WALDEMERE ST
#705
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 20-1734269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURWITZ, KENNETH M MD
1921 WALDEMERE ST
#705
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GREGORY J. FERREIRA MD INC
Address: 1921 WALDEMERE ST #705
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: HARCUP, CRAIG H MD
Address: 1921 WALDEMERE ST #705
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: KENNETH M. HURWITZ, MD LLC
Address: 1921 WALDEMERE ST #705
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: FLEEGLER, BRUCE M MD
Address: 1921 WALDEMERE ST #705
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: KISHA J MORGAN, MD LLC
Address: 1921 WALDEMERE ST #705
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: RABIH H LOUTFI MD LLC
Address: 1921 WALDEMERE ST #705
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 M HURWITZ MD

MGRM

01/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date