2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P06000005800

Entity Name: CRITICAL CARE COMPUTER SERVICES, INC.

Current Principal Place of Business:

1167 HILLSBORO MILE #416
HILLSBORO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1167 HILLSBORO MILE #416
HILLSBORO BEACH, FL 33062

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUNN, KARI CAPI
C/O HUMAN CAPITAL MANAGEMENT
1000 CORPORATE DRIVE SUITE 300
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

BLOOM, CARLA
C/O HUMAN CAPITAL MANAGEMENT
1000 CORPORATE DRIVE SUITE 300
FORT LAUDERDALE, FL 33334 US

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: CARLA BLOOM 01/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROWN, KEVIN
Address: 1167 HILLSBORO MILE #416
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: D ( ) Delete
Name: BROWN, JESSICA
Address: 1167 HILLSBORO MILE #416
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: D ( ) Delete
Name: BROWN, ROBERT
Address: 1167 HILLSBORO MILE #416
City-St-Zip: HILLSBORO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN BROWN D 01/20/2009
Electronic Signature of Signing Officer or Director Date