

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000071738

**Entity Name:** CRITICAL CARE CONSULTANTS, LLC

**Current Principal Place of Business:**

1921 WALDEMERE ST  
#705  
SARASOTA, FL 34239

**Current Mailing Address:**

1921 WALDEMERE ST  
#705  
SARASOTA, FL 34239

**FEI Number:** 20-1734269

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HURWITZ, KENNETH MMD  
1921 WALDEMERE ST  
#705  
SARASOTA, FL 34239 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name HARCUP, CRAIG HMD  
Address 1921 WALDEMERE ST #705  
City-State-Zip: SARASOTA FL 34239

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

Title MGRM  
Name FLEEGLER, BRUCE MMD  
Address 1921 WALDEMERE ST #705  
City-State-Zip: SARASOTA FL 34239

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

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

Title MGRM  
Name VOELKER, KIRK G MD  
Address 1921 WALDEMERE ST #705  
City-State-Zip: SARASOTA FL 34239

Title MGRM  
Name SEAMAN, JOSEPH C MD  
Address 1921 WALDEMERE ST #705  
City-State-Zip: SARASOTA FL 34239

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KENNETH M HURWITZ

MD

01/17/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date