

2018 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 H MD
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 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

Title MGRM
Name GOEDICKE, HEIDI R MD
Address 1921 WALDEMERE ST #705
City-State-Zip: SARASOTA FL 34239

Title MGRM
Name LAKSHMI, REDDY G 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: GRETCHEN L. SAVADEL

ACCOUNTANT

03/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date