2015 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

FILED Feb 05, 2015

Secretary of State

CC7799408480

Authorized Person(s) Detail:

Title MGRM Title **MGRM**

Name HARCUP, CRAIG HMD Name KENNETH M. HURWITZ, MD LLC 1921 WALDEMERE ST #705 1921 WALDEMERE ST #705 Address Address

SARASOTA FL 34239 City-State-Zip: SARASOTA FL 34239 City-State-Zip:

Title MGRM Title MGRM

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

City-State-Zip: SARASOTA FL 34239

Title **MGRM** Title MGRM

VOELKER, KIRK G MD Name Name RABIH H LOUTFI MD LLC Address 1921 WALDEMERE ST Address 1921 WALDEMERE ST #705 #705

City-State-Zip: SARASOTA FL 34239 City-State-Zip: SARASOTA FL 34239

Title MGRM

Name SEAMAN, JOSEPH C MD 1921 WALDEMERE ST Address

#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

02/05/2015