

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90032 034 \*\*\*150.00

**DOCUMENT # F07000002035**

1. Entity Name  
**CRITICAL CARE SYSTEMS OF PENSACOLA, INC.**



Principal Place of Business

**61 SPIT BROOK ROAD  
NASHUA, NH 03060**

Mailing Address

**61 SPIT BROOK ROAD  
NASHUA, NH 03060**

**DO NOT WRITE IN THIS SPACE**



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**04-3115329**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCCONNELL, PAUL F
STREET ADDRESS	61 SPIT BROOK ROAD
CITY-ST-ZIP	NASHUA, NH 03060
TITLE	DS
NAME	PRIOR, JOHN C
STREET ADDRESS	61 SPIT BROOK ROAD
CITY-ST-ZIP	NASHUA, NH 03060
TITLE	VP & Assistant Secretary
NAME	LORI MARINO
STREET ADDRESS	100 PARSONS POND DR.
CITY-ST-ZIP	FRANKLIN LAKES, NJ 07417
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Prior* John Prior

4/14/08  
Date

603-888-1500  
Daytime Phone #