

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002035

FILED  
May 08, 2012  
Secretary of State

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

**Current Principal Place of Business:**

61 SPIT BROOK ROAD  
NASHUA, NH 03060

**New Principal Place of Business:**

1640 CENTURY CENTER PKWY  
MEMPHIS, TN 38134

**Current Mailing Address:**

61 SPIT BROOK ROAD  
NASHUA, NH 03060

**New Mailing Address:**

1640 CENTURY CENTER PKWY  
MEMPHIS, TN 38134

**FEI Number:** 04-3115329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 32324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HALL, JEFF  
Address: ONE EXPRESS WAY  
City-St-Zip: ST. LOUIS, MO 63121

Title: S  
Name: AKINS, MARTY  
Address: ONE EXPRESS WAY  
City-St-Zip: ST. LOUIS, MO 63121

Title: VP  
Name: EBLING, KEITH  
Address: ONE EXPRESS WAY  
City-St-Zip: ST. LOUIS, MO 63121

Title: ASEC  
Name: ELLIOTT, KELLEY  
Address: ONE EXPRESS WAY  
City-St-Zip: ST. LOUIS, MO 63121

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 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 all other like empowered.

SIGNATURE: KELLEY ELLIOTT

ASEC

05/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date