

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001352

1. Entity Name

CRITICAL CARE SPECIALISTS, INC.

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90008 022 \*\*\*550.00

Principal Place of Business

~~173 SEARS AVENUE, STE 083A~~  
~~LOUISVILLE KY 40207~~

Mailing Address

~~473 SEARS AVENUE, STE 083A~~  
~~LOUISVILLE KY 40207~~

2. Principal Place of Business

802 STONE CREEK PKWY.

3. Mailing Address

802 STONE CREEK PKWY

Suite, Apt. #, etc.

SUITE 7

Suite, Apt. #, etc.

SUITE 7

City & State

LOUISVILLE, KY

City & State

LOUISVILLE, KY

Zip

40223

Country

Zip

40223

Country

4. FEI Number

61-1332606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE PCTD ☐ Delete  
 NAME SEMMS, KATHERINE  
 STREET ADDRESS ~~173 SEARS AVENUE, STE 083A~~  
 CITY-ST-ZIP LOUISVILLE KY

TITLE VSD ☐ Delete  
 NAME JOSE, MARY A  
 STREET ADDRESS ~~841 HOLLYRIDGE DRIVE~~  
 CITY-ST-ZIP ~~BALLWIN MO~~

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME SEMMES, KATHERINE  
 STREET ADDRESS 802 STONE CREEK PKWY, SUITE 7  
 CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☒ Change ☐ Addition  
 NAME MARY A. JOSE  
 STREET ADDRESS 1254 CHAVANIA DR.  
 CITY-ST-ZIP ST. LOUIS, MO 63011

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (5/00)