

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001352

1. Entity Name
CRITICAL CARE SPECIALISTS, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90046 039 ***150.00

Principal Place of Business
802 STONE CREEK PARKWAY
STE 7
LOUISVILLE KY 40223

Mailing Address
802 STONE CREEK PARKWAY
STE 7
LOUISVILLE KY 40223

00013106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 61-1332606		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD SEMMS, KATHERINE 173 SEARS AVENUE, STE 003A LOUISVILLE KY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEMMS, KATHERINE <input type="checkbox"/> Change <input type="checkbox"/> Addition 802 STONECREEK PKWY, STE. 7 LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOSE, MARY A 841 HOLLYBRIDGE DRIVE BALLWIN MO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE, MARY A <input type="checkbox"/> Change <input type="checkbox"/> Addition 1254 CHAVANIANAC DR. ST. LOUIS, MO 63011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 1/22/01 502-893-9758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)