

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 08:00
Secretary of State

DOCUMENT # L00754 1. Entity Name CRITICAL CARE RESEARCH ASSOCIATES, INC.	
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Principal Place of Business C/O CHARLES SPRUNG 231 174TH STREET, SUITE 420 MIAMI BEACH, FL 33160	Mailing Address C/O CHARLES SPRUNG 231 174TH STREET, SUITE 420 MIAMI BEACH, FL 33160
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04012006 No Chg-P CRZE034 (11/05)

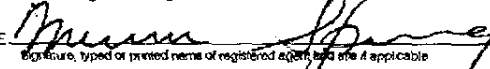
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4. FEI Number 65-0135822	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPRUNG, MIRIAM 231 174TH STREET SUITE 420 MIAMI BEACH, FL 33160

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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  **MIRIAM SPRUNG** **April 2, 2006**
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SPRUNG, CHARLES 231 174TH STREET #420 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPRUNG, BARRY 231 174TH ST #420 MIAMI BCH, FL
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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:  **Charles Sprung** **April 2, 2006** **305 935-4918**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #