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.

Principal Place of Business	Mailing Address
C/O CHARLES SPRUNG 231 174TH STREET, SUITE 420 MIAMI BEACH, FL 33160	C/O CHARLES SPRUNG 231 174TH STREET, SUITE 420 MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

04012006 No Chg-P CR2E034 (11/05)

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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6. 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] MIRIAM SPRUNG April 2, 2006
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, 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	PSD
NAME	SPRUNG, CHARLES
STREET ADDRESS	231 174TH STREET #420
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	T
NAME	SPRUNG, BARRY
STREET ADDRESS	231 174TH ST #420
CITY-ST-ZIP	MIAMI BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80002-003 150.00

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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: [signature] Charles Sprung April 2, 2006 305-935-4918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #