

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L00754

FILED
Mar 31, 2009
Secretary of State

Entity Name: CRITICAL CARE RESEARCH ASSOCIATES, INC.

Current Principal Place of Business:

C/O CHARLES SPRUNG
231 174TH STREET, SUITE 420
MIAMI BEACH, FL 33160

New Principal Place of Business:

C/O CHARLES SPRUNG
231 174TH STREET, SUITE 420
SUNNY ISLES, FL 33160

Current Mailing Address:

C/O CHARLES SPRUNG
231 174TH STREET, SUITE 420
MIAMI BEACH, FL 33160

New Mailing Address:

C/O CHARLES SPRUNG
231 174TH STREET, SUITE 420
SUNNY ISLES, FL 33160

FEI Number: 65-0135822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRUNG, MIRIAM
231 174TH STREET
SUITE 420
MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

SPRUNG, MIRIAM
231 174TH STREET
SUITE 420
SUNNY ISLES, FL 33160 US

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:

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SPRUNG, CHARLES,
Address: 231 174TH STREET #420
City-St-Zip: MIAMI BEACH, FL

Title: T () Delete
Name: SPRUNG, BARRY,
Address: 231 174TH ST #420
City-St-Zip: MIAMI BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: SPRUNG, CHARLES,
Address: 231 174TH STREET #420
City-St-Zip: SUNNY ISLES, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES SPRUNG

PSD

03/31/2009

Electronic Signature of Signing Officer or Director

Date