2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90010 029 ****50.00

DOCUMENT # L02000014018

1. Entity Name
CRITICAL CARE PARTNERS, LLC

Principal Place of Business	Mailing Address
3700 WASHINGTON STREET, SUITE 408 AARON NEUHAUS, MD HOLLYWOOD, FL 33021	3700 WASHINGTON STREET, SUITE 408 AARON NEUHAUS, MD HOLLYWOOD, FL 33021

07062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Memorial Regional Hospital	Critical Care Partners Memorial Regional Hosp.-Mailroom
Suite, Apt. #, etc. 3rd Floor ICU's	Suite, Apt. #, etc. 3501 Johnson St.
City & State Hollywood Florida	City & State Hollywood, FL
Zip / Country 33021 / USA	Zip / Country 33021 / USA

4. FEI Number
06-1646554
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI, FL 33131	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALTERBAUM, ROBERT A MD ~~3700 WASHINGTON ST STE 408~~ HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Alterbaum, Robert A., MD 3501 Johnson Street Hollywood, FL 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GILTLER, STEVEN B MD ~~3700 WASHINGTON ST STE 408~~ HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Giltler, Steven B., MD 3501 Johnson Street Hollywood, FL 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEUHAUS, ARON MD ~~3700 WASHINGTON ST STE 408~~ HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Neuhaus, Aron, M.D. 3501 Johnson Street Hollywood, FL 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOTKIN, BRIAN M ~~3700 WASHINGTON ST STE 408~~ HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gotkin, Brian M., M.D. 3501 Johnson Street Hollywood, FL 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAVERYN, WALTER MD ~~3700 WASHINGTON ST STE 408~~ HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Severyn, Walter, M.D. 3501 Johnson Street Hollywood, FL 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SINGH, BALDEV ~~3700 WASHINGTON ST STE 408~~ HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Singh, Baldev 3501 Johnson Street Hollywood, FL 33021	☒ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Aron Neuhaus (ARON NEUHAUS) 7/6/04 954-965-4977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #