

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90106 038 ****50.00

DOCUMENT # L02000014018

1. Entity Name
CRITICAL CARE PARTNERS, LLC



Principal Place of Business
**MEMORIAL REGIONAL HOSPITAL
3RD FLOOR ICU'S
HOLLYWOOD, FL 33021**

Mailing Address
**MEMORIAL REGIONAL HOSP.-MAILROOM
3501 JOHNSON ST
HOLLYWOOD, FL 33021**

20067163



08102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI, FL 33131**

**DO NOT WRITE
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 _____

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 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALTERBAUM, ROBERT A MD 3501 JOHNSON STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILTNER, STEVEN B MD <i>Gittler,</i> 3801 JOHNSON STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEUHAUS, ARON MD <i>Neuhans</i> 3501 JOHNSON STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOTKIN, BRIAN M 3501 JOHNSON STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAVERYN, WALTER MD <i>Severyn</i> 3501 JOHNSON STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGH, BALDEV <i>Singh, Baldev</i> 3501 JOHNSON STREET HOLLYWOOD, FL 33021

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #