

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90026 007 ****50.00

DOCUMENT # L02000014018

1. Entity Name

CRITICAL CARE PARTNERS, LLC



Principal Place of Business

3700 WASHINGTON STREET, SUITE 405
AARON NEUHAUS, MD
HOLLYWOOD FL 33021

Mailing Address

3700 WASHINGTON STREET, SUITE 405
AARON NEUHAUS, MD
HOLLYWOOD FL 33021

2. Principal Place of Business

3700 Washington St. 405
Aron Neuhaus, MD

3. Mailing Address

3700 Washington St. 405
Aron Neuhaus, MD

Suite, Apt. #, etc.

Suite 408

Suite, Apt. #, etc.

Suite 408

City & State

City & State

4. FEI Number

06-1646554

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME Robert A. Alterbaum, M.D.
STREET ADDRESS 3700 Washington St. - Ste. 408
CITY-ST-ZIP Hollywood, FL 33021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Partner
STREET ADDRESS Steven B. Gittler, M.D.
3700 Washington St. - Ste. 408
CITY-ST-ZIP Hollywood, FL 33021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Partner
STREET ADDRESS Aron Neuhaus, M.D.
3700 Washington St. - Ste. 408
CITY-ST-ZIP Hollywood, FL 33021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Partner
STREET ADDRESS Brian M. Gotkin, M.D.
3700 Washington St. - Ste. 408
CITY-ST-ZIP Hollywood, FL 33021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Partner
STREET ADDRESS Walter Severyn, M.D.
3700 Washington St. - Ste. 408
CITY-ST-ZIP Hollywood, FL 33021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Partner
STREET ADDRESS Baldev Singh, M.D.
3700 Washington St. - Ste. 408
CITY-ST-ZIP Hollywood, FL 33021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

Aron Neuhaus, M.D.
SIGNATURE: *[Signature]*

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

Date

Daytime Phone #

954-965-4977

CR2E083 (4/03)

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