## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000071738

**Current Principal Place of Business:** 

1895 FLOYD STREET SARASOTA FL 34239

Entity Name: CRITICAL CARE CONSULTANTS, LLC

FILED Feb 25, 2009 Secretary of State

	,					
Current Mailing Address:			New Mailing Address:			
	D STREET A, FL 34239					
FEI Number:	20-1734269	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1895 FLOY	KENNETH M D STREET A, FL 34239	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.						
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/0	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR ()E GREGORY J. FE 1895 FLOYD ST SARASOTA, FL		Title: Name: Address: City-St-Zip:	1895 FLOY	(X) Change()Addition J. FERREIRA,, INC D ST ,, FL 34239	
Title: Name: Address:		Delete IE ASSOC, IATES, PA REFT	Title: Name: Address:	MGRM HARCUP, C	(X) Change()Addition CRAIG H MD	

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Title:

City-St-Zip:

City-St-Zip:

Title:

Name: Address:

MGRM TODD K. HORIUCHI, MD, LLC Name: 1895 FLOYD STREET

SARASOTA, FL 34239

1895 FLOYD STREET

SARASOTA, FL 34239

( ) Delete

KENNETH M. HURWITZ,, MD LLC

( ) Delete

Address: City-St-Zip: SARASOTA, FL 34239

MGRM

Title: ( ) Delete FLEEGLER, BRUCE Name: 1895 FLOYD ST Address: SARASOTA, FL 34239 City-St-Zip:

() Delete KISHA I MORGAN, MD L, LC Name:

Address: 1895 FLOYD ST SARASOTA, FL 34239 City-St-Zip:

Title: MGRM (X) Change ( ) Addition FLEEGLER, BRUCE M MD Name:

() Change () Addition

() Change () Addition

1895 FLOYD ST Address: SARASOTA, FL 34239 City-St-Zip:

City-St-Zip: SARASOTA, FL 34239

**New Principal Place of Business:** 

Title: (X) Change ( ) Addition KISHA J MORGAN, MD L. LC Name:

Address: 1895 FLOYD ST City-St-Zip: SARASOTA, FL 34239

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 is true and accurate and that my electronic 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: KENNETH M. HURWITZ 02/25/2009