

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000071387

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** LAUDERDALE CRITICAL CARE SERVICES, LLC.

**Current Principal Place of Business:**

5333 N. DIXIE HIGHWAY  
201  
FT. LAUDERDALE, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

5333 N. DIXIE HIGHWAY  
201  
FT. LAUDERDALE, FL 33334 US

**New Mailing Address:**

**FEI Number:** 20-5235780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COOPERSMITH, EDWARD M  
5333 N DIXIE HWY  
201  
FORT LAUDERDALE, FL 33334 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SCOTT, RONALD J  
**Address:** 5333 N. DIXIE HIGHWAY 201  
**City-St-Zip:** FT. LAUDERDALE, FL 33334 US

**Title:** MGR  
**Name:** COOPERSMITH, EDWARD M  
**Address:** 5333 N. DIXIE HIGHWAY 201  
**City-St-Zip:** FT. LAUDERDALE, FL 33334 US

I hereby 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:** EDWARD COOPERSMITH

MGR

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date