

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000086046

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** CRITICAL CARE MANAGEMENT, LLC

**Current Principal Place of Business:**

920 GREENBRIAR DRIVE  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

920 GREENBRIAR DRIVE  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 26-3335995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE, STE 1100  
WEST PALM BEACH, FL 33401 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: MGR  
Name: MARTIN, BRADFORD J  
Address: 920 GREENBRIAR DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM  
Name: SALOMONE-MARTIN, PAMELA M  
Address: 920 GREENBRIAR DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33435

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: PAMELA SALOMONE-MARTIN

MGRM

02/09/2010

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