

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000123339

FILED
May 20, 2010
Secretary of State

Entity Name: CRITICAL CARE SPECIALISTS ORLANDO LLC

Current Principal Place of Business:

900 WINDERLEY PLACE
SUITE 1400
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

900 WINDERLEY PLACE
SUITE 1400
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DOWNS, MAYANNE
25 EAST PINE STREET
ORLANDO, FL 32801 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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: STOLTZFUS, DANIEL P
Address: 900 WINDERLEY PLACE, SUITE 1400
City-St-Zip: MAITLAND, FL 32751 US

Title: MGRM
Name: GUZZI, LOUIS M
Address: 900 WINDERLEY PLACE, SUITE 1400
City-St-Zip: MAITLAND, FL 32751 US

Title: MGRM
Name: RODRICKS, MICHAEL B
Address: 451 PRAIRIE LAKE COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGRM
Name: CHEMTOB, GILLES I
Address: 900 WINDERLEY PLACE, SUITE 1400
City-St-Zip: MAITLAND, FL 32751 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: DANIEL P. STOLTZFUS

MGRM

05/20/2010

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