

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000049307

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** CRITICAL CARE ASSOCIATES OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

1601 CLINT MOORE ROAD, STE. 100  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 810097  
BOCA RATON, FL 33481

**New Mailing Address:**

**FEI Number:** 27-2540041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONAGHAN, TIMOTHY E  
54 NE FOURTH AVENUE  
DELRAY BEACH, FL 33483 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:** PULMONARY & SLEEP ASSOCIATES OF SOUTH FL  
**Address:** 1601 CLINT MOORE ROAD, STE. 100  
**City-St-Zip:** BOCA RATON, FL 33487

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: RALPH PALUMBO MD

MP

01/10/2012

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