

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000103585

**FILED**  
**Oct 18, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

9633 WEST BROWARD BLVD.  
SUITE #6  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

9633 WEST BROWARD BLVD.  
SUITE #6  
PLANTATION, FL 33324 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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: VINCENT MONTELIONE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MONTELIONE, VINCE  
Address: 9633 WEST BROWARD BLVD. SUITE #6  
City-St-Zip: PLANTATION, FL 33324 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: VINCENT MONTELIONE

MRG

10/18/2012

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