

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M23113

FILED  
May 18, 2006  
Secretary of State

Entity Name: CRITICAL CARE SYSTEMS, INC.

## Current Principal Place of Business:

C/O WENDY MARX  
5000 HOLLYWOOD BLVD. STE.#1  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

## Current Mailing Address:

C/O WENDY MARX  
5000 HOLLYWOOD BLVD. STE.#1  
HOLLYWOOD, FL 33021

## New Mailing Address:

FEI Number: 59-2609116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARX, WENDY  
3160 N. 35 ST.  
HOLLYWOOD, FL 33021 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: MARX, RONALD B  
Address: 3160 N. 35TH STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: DP ( ) Delete  
Name: MARX, WENDY  
Address: 3160 N. 35TH STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: WINN, SAMUEL M.D.  
Address: 301 S. 10TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33019

Title: D ( ) Delete  
Name: COHEN, WILLIAM  
Address: 3501 N. 31ST AVE.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: RUBIN, ARTHUR S M.D.  
Address: 3171 N. 36TH ST.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: LAZAR, MARK H M.D.  
Address: 10436 BERMUDA DRIVE  
City-St-Zip: COOPER CITY, FL 33026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY MARX

DP

05/18/2006

Electronic Signature of Signing Officer or Director

Date