2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# M23113

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

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	(X) Delete
Name:	WINN, SAMUEL M.D.	
Address:	301 S. 10TH AVENUE	
City-St-Zip:	HOLLYWOOD, FL 33019	
Title:	D	(X) Delete
Name:	COHEN, WILLIAM	
Address:	3501 N. 31ST AVE.	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	(X) Delete
Name:	RUBIN, ARTHUR S M.D.	
Address:	3171 N. 36TH ST.	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	(X) 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 04/12/2007

Electronic Signature of Signing Officer or Director — Date