2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# N94000005412

Entity Name: CRITICAL CARE EDUCATORS, INC.

Current Principal Place of Business:

2518 MADRON CT
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

PO BOX 560158
ORLANDO, FL 328560158 US

New Mailing Address:

FEI Number: 59-3276729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWANSON, MARK E M.D.
2518 MADRON CT
ORLANDO, FL 32806 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SWANSON, MARK E MD
Address: 92 WEST MILLER STREET
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: TILELLI, JOHN A MD
Address: 92 WEST MILLER STREET
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: FARRELL, MARY M MD
Address: 92 WEST MILLER STREET
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: PEARCE, JOE BOB RN
Address: 92 WEST MILLER STREET
City-St-Zip: ORLANDO, FL 32806

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK E. SWANSON, MD D 01/10/2006

Electronic Signature of Signing Officer or Director — Date