

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005412

FILED  
Jul 09, 2008  
Secretary of State

Entity Name: CRITICAL CARE EDUCATORS, INC.

## Current Principal Place of Business:

2518 MADRON CT  
ORLANDO, FL 32806

## New Principal Place of Business:

5575 S. SEMORAN BLVD  
SUITE 34  
ORLANDO, FL 32822

## Current Mailing Address:

PO BOX 560158  
ORLANDO, FL 328560158 US

## New Mailing Address:

5575 S. SEMORAN BLVD  
SUITE 34  
ORLANDO, FL 32822 US

FEI Number: 59-3276729      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 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

Title: O ( ) Delete  
Name: GERARDI, TINA  
Address: 1506 SE 28TH COURT  
City-St-Zip: OCALA, FL 34471

## 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: O (X) Change ( ) Addition  
Name: GERARDI, TINA  
Address: 1506 SE 28TH COURT  
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify 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: TINA GERARDI

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07/09/2008

Electronic Signature of Signing Officer or Director

Date