


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90683 039 \*\*\*150.00

<b>DOCUMENT # P02000128325</b> 1. Entity Name <b>CRITICAL CARE AND HOSPITALIST GROUP, PA</b>					
Principal Place of Business <b>8985 NE 134TH AVENUE STE B LADY LAKE, FL 32159</b>			Mailing Address <b>8985 NE 134TH AVENUE STE B LADY LAKE, FL 32159</b>		
2. Principal Place of Business <b>1501 US HWY 441 NORTH</b>		3. Mailing Address <b>1501 US HWY 441 NORTH</b>			
Suite, Apt. #, etc. <b>SUITE 1706</b>		Suite, Apt. #, etc. <b>SUITE 1706</b>			
City & State <b>THE VILLAGES, FL</b>		City & State <b>THE VILLAGES, FL</b>			
Zip <b>32159</b>		Country <b>USA</b>		Zip <b>32159</b>	
Country <b>USA</b>		4. FEI Number <b>72-1541667</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>VILLA, MARIVIC 8985 NE 134TH AVENUE STE B LADY LAKE, FL 32159</b>			7. Name and Address of New Registered Agent Name <b>MARIVIC VILLA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1501 US HWY 441 NORTH, SUITE 1706</b> City <b>THE VILLAGES, FL</b> Zip Code <b>32159</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><b>MARIVIC VILLA, MD</b></u> <i>[Signature]</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VILLA, MARIVIC 8985 NE 134TH AVENUE, STE B LADY LAKE, FL 32159</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VILLA, MARIVIC 11265 S.E. SUNSET HARBOR RD. SUMMERFIELD, FL 34491</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><b>MARIVIC VILLA MD</b></u> <i>[Signature]</i> <b>4/5/04</b> <b>(352) 750-4333</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					