


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90029 031 ***150.00

DOCUMENT # P02000128325	
1. Entity Name CRITICAL CARE AND HOSPITALIST GROUP, PA	

Principal Place of Business 1501 US HWY 441 NORTH SUITE 1706 LADY LAKE, FL 32159	Mailing Address 1501 US HWY 441 NORTH SUITE 1706 LADY LAKE, FL 32159
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40003720



2. Principal Place of Business 1501 US HWY 441 NORTH	3. Mailing Address 1501 US HWY 441 NORTH
Suite, Apt. #, etc. SUITE 1706	Suite, Apt. #, etc. SUITE 1706
City & State THE VILLAGES, FL	City & State THE VILLAGES, FL
Zip 32159	Country USA

01052005 Chg-P CR2E034 (10/03)

4. FEI Number 72-1541667	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VILLA, MARIVIC 1501 US HWY 441 NORTH, SUITE 1706 THE VILLAGES, FL 32159	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 **MARIVIC VILLA, M.D.** *[Signature]* **1/5/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLA, MARIVIC 1126 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491 <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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 607, 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: **MARIVIC VILLA, M.D.** *[Signature]* **1/5/05** **(352) 70-4333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #