## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000128325

Entity Name: CRITICAL CARE AND HOSPITALIST GROUP, PA

FILED May 01, 2009 Secretary of State

Current Pri	incipal Place o	f Business:	New Principal Place o	New Principal Place of Business:	
<b>SUITE 1706</b>	WY 441 NORTH 3 E, FL 32159	1			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
<b>SUITE 1706</b>	WY 441 NORTH 3 5, FL 32159	1			
FEI Number:	72-1541667	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
VILLA, MARIVIC 1501 US HWY 441 NORTH, SUITE 1706 THE VILLAGES, FL 32159 US			SUITE 1706	1501 US HWY 441 NORTH	
The above in the State		bmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: DAN ARSENIJEVITH				05/01/2009	
	Electronic	Signature of Registered Age	ent	Date	
		2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () C VILLA, MARIVIC 11265 SE SUNSE SUMMERFIELD,	T HARBOR RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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

SIGNATURE: DAN ARSENIJEVITH RA 05/01/2009