

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000128325

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** CRITICAL CARE AND HOSPITALIST GROUP, PA

**Current Principal Place of Business:**

1501 US HWY 441 NORTH  
SUITE 1706  
THE VILLAGES, FL 32159

**New Principal Place of Business:**

**Current Mailing Address:**

1501 US HWY 441 NORTH  
SUITE 1706  
THE VILLAGES, FL 32159

**New Mailing Address:**

**FEI Number:** 72-1541667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRAUCAK, NELSON  
1501 US HWY 441 NORTH  
SUITE 1706  
THE VILLAGES, FL 32159 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: P  
Name: VILLA, MARIVIC  
Address: 11201 SE SUNSET HARBOR RD  
City-St-Zip: SUMMERFIELD, FL 34491

I hereby 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 all other like empowered.

SIGNATURE: MARIVIC VILLA

P

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date