2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047477

FILED Apr 11, 2007 Secretary of State

Entity Name: INTENSIVE CARE SPECIALISTS OF WELLINGTON, P.A.

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
	D.			
	170			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
,		PPINLOND ON NO AND CORDS ()	Outilities to a figure to Desire (1/1)	
20-2/3/484	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:	
named entity s of Florida. RE:	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
Electron				
Liectioi	ic Signature of Registered Ac	gent	Date	
	ic Signature of Registered Acg	gent	Date	
	g Trust Fund Contribution ().		Date S TO OFFICERS AND DIRECTORS:	
npaign Financing S AND DIREC D () WARSHOFF, N	Trust Fund Contribution (). TORS: Delete EAL R :RN BLVD. SUITE 235	ADDITIONS/CHANGE		
F	CHEE, FL 334 ailing Addres JTHERN BLVE CHEE, FL 334 20-2737484 Address of C RSHOFF JTHERN BLVE CHEE, FL 334 named entity s of Florida.	CHEE, FL 33470 ailing Address: JTHERN BLVD. CHEE, FL 33470 20-2737484 FEI Number Applied For () Address of Current Registered Agent: RSHOFF JTHERN BLVD CHEE, FL 33470 US named entity submits this statement for the of Florida.	CHEE, FL 33470 ailing Address: JTHERN BLVD. CHEE, FL 33470 20-2737484 FEI Number Applied For () FEI Number Not Applicable () Address of Current Registered Agent: Name and Address of RSHOFF JTHERN BLVD CHEE, FL 33470 US named entity submits this statement for the purpose of changing its registered of Florida.	

I hereby certify that the information supplied with this filing does not qualify for the 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: NIR GOLDSTEIN D 04/11/2007