

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # P06000045223

1. Entity Name
CRITICARE CLINICS INC.



Principal Place of Business

6901 SW 75 TER
MIAMI, FL 33143

Mailing Address

6901 SW 75 TER
MIAMI, FL 33143



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4949752

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WALBERT, RICHARD MD
6901 SW 75 TER
MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KRANICHFELD, WILLIAM MD
STREET ADDRESS 6901 SW 75 TER
CITY-ST-ZIP MIAMI, FL 33143

TITLE VPD
NAME WALBERT, RICHARD MD
STREET ADDRESS 6901 SW 75 TER
CITY-ST-ZIP MIAMI, FL 33143

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U00000849481
03/21/08-80022-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

R. Walbert MD V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-08

Date

305-284-9050

Daytime Phone #