FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:03

DOCUMENT # **P94000092268 (9)**

1. Entity Name

OUTPATIENT CRITICAL CARE, INC.

Principal Place of Business

1509 SW 5 PL
FT LAUDERDALE FL 33312

Mailing Address

1509 SW 5 PL
FT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 12/19/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0547435 ☐ Applied For ☐ Not Applicable

Sub Apt. # or Bldg. — 22

Sub Apt. # or Bldg. — 27

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

City & State — 23

City & State — 28

6. Document Image Desired ☐ **$5.00** May Be Added to Fees

Zip — 24 — County — 25

Zip — 29 — County — 30

8. This corporation has liability for intangibles under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SULLIVAN, DAVID O
1509 SW 5 PL
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and/or 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE: D
NAME: SULLIVAN, DAVID O
STREET ADDRESS: 1509 SW 5 PL
CITY-ST-ZIP: FT LAUDERDALE FL 33312

TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONAL OFFICERS AND DIRECTORS

TYPE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPE ☐ Change ☐ Addition
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TYPE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REMITTED BY MAY 1

TYPE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I further certify that the information supplied with this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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: 4-6-95 305 832-9743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0001611 FP