2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000609

1291 GOLDEN OAK DRIVE

TARPON SPRINGS, FL 34689

Address: City-St-Zip: FILED Apr 24, 2009 Secretary of State

Entity Name: C	RITICAL IN	TERVENTION SERVICES, IN	NC.	•	
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1261 S MISSOUR CLEARWATER, I		US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1261 S MISSOUR CLEARWATER, I		US			
FEI Number: 59-328	6887 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
COLA, NICK P CPA 2759 STATE RD 580 SUITE 211 CLEARWATER, FL 34621 US			1261 S MISSOURI AV	RICHARDS, JAMES K CPA 1261 S MISSOURI AVENUE CLEARWATER, FL 33756 US	
The above named in the State of Flo		mits this statement for the pur	pose of changing its registere	d office or registered agent, or both,	
SIGNATURE: JAMES K. RICHARDS				04/24/2009	
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Address: 2729 B) () De IN, KARL CEI BEAGLE PAT HARBOR, FL	RNAN H WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: 1890 \$	() De JRKE, TIM LE SPRINGWOO RWATER, FL	EE DD CIRCLE N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: OSVP Name: SCHO	(X) De DEPF, WILLIA		Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: KARL C. POULIN CEO 04/24/2009