

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089951

FILED
Jan 17, 2008
Secretary of State

Entity Name: CRITICAL CARE CONSULTANTS, P.A.

Current Principal Place of Business:

3661 SOUTH MIAMI AVENUE
SUITE 901
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3661 SOUTH MIAMI AVENUE
SUITE 901
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0627106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, LOUISE J
STEARNS, WEAVER, MILLER, ET AL
150 W. FLAGLER STREET, SUITE 2200
MIAMI, FL 33130 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOAS, CARLOS F M.D.
Address: 3661 S. MIAMI AVENUE, SUITE 1008
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: MANASA, MONICA M M.D.
Address: 3659 S. MIAMI AVENUE, SUITE 4008
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: GONZALEZ, HUGO M.D.
Address: 3661 S. MIAMI AVE. SUITE 1010
City-St-Zip: MIAMI, FL 33133

Title: VD () Delete
Name: MOAS, RAUL M.D.
Address: 3659 S. MIAMI AVENUE, SUITE 5004
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: SANCHEZ-MASQUES, JORGES M.D.
Address: 2601 SW 37TH AVENUE, SUITE 604
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CARLOS MOAS, M.D.

PD

01/17/2008

Electronic Signature of Signing Officer or Director

_____ Date