

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 23, 2010
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
Name: MOAS, CARLOS F M.D.
Address: 3661 S. MIAMI AVENUE, SUITE 1008
City-St-Zip: MIAMI, FL 33133

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CARLOS MOAS

PD

03/23/2010

Electronic Signature of Signing Officer or Director

Date