

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000076084

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** CRITICAL CARE CONSULTANTS WEST COAST, INC.

**Current Principal Place of Business:**

ONE 19TH AVENUE  
# 4  
INDIAN ROCKS BEACH, FL 33785 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE 19TH AVENUE #4  
INDIAN ROCKS BEACH, FL 33785 US

**New Mailing Address:**

**FEI Number:** 59-3423365      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMBRECHT, WILLIAM G  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMOAK, HENRY E III  
Address: ONE 19TH AVE, #4  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: ST  
Name: SMOAK, KERRI  
Address: ONE 19TH AVE, #4  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: HENRY E SMOAK III MD

PRES

01/13/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date