

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000069217**

1. Entity Name  
**CRITICAL CONCEPTS, INC.**



Principal Place of Business  
**3201 GRIFFIN ROAD  
SUITE 205  
DANIA BEACH, FL 33312**

Mailing Address  
**3201 GRIFFIN ROAD  
SUITE 205  
DANIA BEACH, FL 33312**



03192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0959570** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**NIES, SHAWN S  
1008 NE 4TH STREET  
FT. LAUDERDALE, FL 33301**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**1000000094883**  
**03/23/04-80006-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME NIES, SHAWN S  
STREET ADDRESS 3201 GRIFFIN ROAD, SUITE 205  
CITY-ST-ZIP DANIA BEACH, FL 33312

TITLE VD  
NAME HARRY, SHANA  
STREET ADDRESS 3201 GRIFFIN ROAD, SUITE 205  
CITY-ST-ZIP DANIA BEACH, FL 33312

TITLE V  
NAME NIES, PETER C.  
STREET ADDRESS 3201 GRIFFIN ROAD, SUITE 205  
CITY-ST-ZIP DANIA BEACH, FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/04**

Date

**954-445-6200**

Daytime Phone #