**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 27, 2014**
**Secretary of State**
**CC7510335261**

DOCUMENT# L08000086046

**Entity Name:** CRITICAL CARE MANAGEMENT, LLC

**Current Principal Place of Business:**

920 GREENBRIAR DRIVE
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

920 GREENBRIAR DRIVE
BOYNTON BEACH, FL 33435

**FEI Number: 26-3335995**

**Certificate of Status Desired:** No

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

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE, STE 1100
WEST PALM BEACH, FL 33401 US

*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

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGRM |
| Name | SALOMONE-MARTIN, PAMELA M |
| Address | 920 GREENBRIAR DRIVE |
| City-State-Zip: | BOYNTON BEACH FL 33435 |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: SALOMONE-MARTIN , PAMELA M MANAGER 02/27/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date