

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000161610

Entity Name: CRITICAL CARE PROVIDER GROUP LLC

Current Principal Place of Business:

2857 HANNON HILL DRIVE
TALLAHASSEE, FL 32309

Current Mailing Address:

C/O MICHELLE MAYS CPA LLC
PO BOX 158
LLOYD, FL 32337

FEI Number: 85-1497223

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MICHELLE MAYS CPA LLC
195 TAYLOR ROAD
MONTICELLO, FL 32344 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	AMBR	Title	AMBR
Name	SHEEL, SAURABH	Name	SHEEL, SHAILAJA
Address	2857 HANNON HILL DRIVE	Address	2857 HANNON HILL DRIVE
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32309

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: SAURABH SHEEL

AMBR

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date