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.

AMBR

SIGNATURE: SHEEL, SAURABH

Electronic Signature of Signing Authorized Person(s) Detail

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

Authorized	Person(s)	Detail :
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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	

2022 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

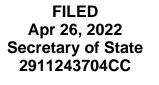
Current Mailing Address:

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

FEI Number: 85-1497223

Name and Address of Current Registered Agent:

MICHELLE MAYS CPA LLC 195 TAYLOR ROAD MONTICELLO, FL 32344 US



Date

Certificate of Status Desired: No

04/26/2022 Date