

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019320

FILED  
Mar 23, 2007  
Secretary of State

Entity Name: COMFORT CARE MEDICAL GROUP, P.A.

## Current Principal Place of Business:

4511 N DAVIS HWY  
STE 1-C  
PENSACOLA, FL 32503

## New Principal Place of Business:

## Current Mailing Address:

4511 N DAVIS HWY  
STE 1-C  
PENSACOLA, FL 32503

## New Mailing Address:

FEI Number: 75-3103634      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GOTTHELF, GARY  
4511 N DAVIS HIGHWAY  
1-C  
PENSACOLA, FL 32503 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GOTTHELF, GARY M.D.  
Address: 4511 N DAVIS HIGHWAY STE 1-C  
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete  
Name: CRUMLISH, MARY ANN PA-C  
Address: 319 BREMEN AVENUE  
City-St-Zip: PENSACOLA, FL 32507

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CHANEY, JAMES C ARNP-C  
Address: 958 BUCYRUS LANE  
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GARY GOTTHELF, MD

PRES

03/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date