

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019320

FILED
Apr 21, 2008
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 ()

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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, M.D.

PRES

04/21/2008

Electronic Signature of Signing Officer or Director

Date