## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000004354

**Current Mailing Address:** 

Entity Name: COMFORT CARE SOLUTIONS, INC.

FILED Mar 08, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5796 APPLEWOOD 6583 NW 78TH DR

SUITE 602 PARKLAND, FL 33067 US

W. BLOOMFIELD, MI 48322

5700 ADDI EMOOD 0500 AMA 70TH DD

5796 APPLEWOOD 6583 NW 78TH DR

SUITE 602 PARKLAND, FL 33067 US W. BLOOMFIELD, MI 48322

FEI Number: 38-3645731 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**New Mailing Address:** 

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

MARTON, DIANE
LEVINE, ALAN S
6583 NW 78TH DR.
6583 NW 78TH DR.

PARKLAND, FL 33067 US PARKLAND, FL 33067 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: ALAN LEVINE 03/08/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PCST

 Name:
 LEVINE, ALAN S

 Address:
 6583 NW 78TH DR

 City-St-Zip:
 PARKLAND, FL 33067 US

Title: V

 Name:
 LEVINE, ALAN S

 Address:
 6583 NW 78TH DR

 City-St-Zip:
 PARKLAND, FL 33067 US

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 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 all other like empowered.

SIGNATURE: ALAN LEVINE PRES 03/08/2011