2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101164

Entity Name: COMFORT MEDICAL SUPPLY, LLC

FILED Feb 25, 2009 Secretary of State

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

615 S YONGE ST ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

615 S YONGE ST ORMOND BEACH, FL 32174

FEI Number: 20-3675880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KINSEY, VINCENT & PYLE, LC 150 S PALMETTO AVE BOX A DAYTONA BEACH, FL 32114 US

MANAGING MEMBERS/MANAGERS:

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

Electronic eignature of registered rigent

ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGRM (X) Change () Addition

 Name:
 DALEY, CRAIG
 Name:
 DALEY, CRAIG

 Address:
 1528 OAK FOREST DRIVE
 Address:
 1528 OAK FOREST DRIVE

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 ORMOND BEACH, FL 32174

Title: MGRM () Delete Title: MGRM (X) Change () Addition
Name: COPELLO, LARA Name: COPELLO-DALEY, LARA
Address: 1539 OAK FOREST DRIVE

Address: 1528 OAK FOREST DRIVE Address: 1528 OAK FOREST DRIVE City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 DYLEWSKI, MARION
 Name:

 Address:
 5 SANTA LUCIA WAY
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32174
 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 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 608, Florida Statutes.

SIGNATURE: CRAIG A. DALEY MGRM 02/25/2009