

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084700

FILED  
Feb 18, 2008  
Secretary of State

Entity Name: COMFORT HEALTH MANAGEMENT LLC

**Current Principal Place of Business:**

8300 WEST FLAGLER ST  
210  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8300 WEST FLAGLER ST  
210  
MIAMI, FL 33144

**New Mailing Address:**

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

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

ABREU, JUAN C MD  
6365 COLLINS AVE  
4408  
MIAMI BEACH, FL 33141 US

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

GREJORY, CYNTHIA  
1523 PALMERO AVE  
CORAL GABLES, FL 33134 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: CYNTHIA GREJORY

02/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MEZA, CARMENZA MISS  
Address: 15472 SW 39 ST  
City-St-Zip: MIAMI, FL 33185

Title: MGR ( ) Delete  
Name: ABREU, JUAN C MD  
Address: 6365 COLLINS AVE APT 4408  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: CYNTHIA, GREJORY  
Address: 1523 PALMERO AVE  
City-St-Zip: CORAL GABLES, FL 33134

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: CARMENZA MEZA

MGR

02/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date