

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000084700

FILED
Apr 14, 2009
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:**MEZA, CARMENZA PRESIDE
6366 SW 15 ST
MIAMI, FL 33144 US**Name and Address of New Registered Agent:**PORTILLA, GERARDO PRESIDE
6366 SW 15 ST
MIAMI, FL 33144 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: GINA PORTILLA

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: MEZA, CARMENZA MISS
Address: 6366 SW 15 ST
City-St-Zip: MIAMI, FL 33144**Title:** MGR () Delete
Name: MORENO, ROSA M SECRETA
Address: 1523 PALMERO AVE
City-St-Zip: CORAL GABLES, FL 33134**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: PORTILLA, GERARDO MISS
Address: 6366 SW 15 ST
City-St-Zip: MIAMI, FL 33144**Title:** MGR (X) Change () Addition
Name: PORTILLA, VANESSA M SECRETA
Address: 6366 SW 15 ST
City-St-Zip: MIAMI, FL 33144

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: GERARDO PORTILLA

MANA

04/14/2009

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