

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004144

Entity Name: CHEMOCOMFORTS, INC.

FILED
May 04, 2004
Secretary of State

Current Principal Place of Business:

550 S. QUADRILLE BLVD. #201
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

2 SHANNON CIRCLE
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 03-0454033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONE, MELANIE MD
550 S. QUADRILLE BLVD.
SUITE 201
WEST PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BONE, MELANIE K M.D.
Address: 550 S. QUADRILLE BLVD. #201
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: KAYE, SHIRLEY P
Address: 550 S. QUADRILLE BLVD. #201
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: SULLIVAN, ANGELA
Address: 550 S. QUADRILLE BLVD. #201
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Delete
Name: MCKEEN, ELISABETH M.D.
Address: 550 S. QUADRILLE BLVD. #201
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Delete
Name: LIEBMAN, PATTY
Address: 550 S. QUADRILLE BLVD. #201
City-St-Zip: WEST PALM BEACH, FL 33401

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:

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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE K. BONE

D

05/04/2004

Electronic Signature of Signing Officer or Director

Date