

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010729

FILED
Apr 28, 2009
Secretary of State

Entity Name: COMFORT MEASURES HOSPICE CARE, CORP

Current Principal Place of Business:

520 BAHIA TRACK TRACE
SUITE #56
OCALA,, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

520 BAHIA TRACK TRACE
SUITE #56
OCALA, FLORIDA, 34472 US

New Mailing Address:

520 BAHIA TRACK TRACE
SUITE #56
OCALA,, FL 34472 US

FEI Number: 38-3799438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, EDWIN G MR.
1717 PINE ROAD
SUITE #12
OCALA, FLORIDA, FL 34472 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: P () Delete
Name: BENNETT, PAULINE M MS.
Address: 520 BAHIA TRACK TRACE
City-St-Zip: OCALA, FL 34472 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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 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: PAULINE M. BENNETT

P/C

04/28/2009

Electronic Signature of Signing Officer or Director

Date