2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2010
Secretary of State

DOCUMENT# N08000010729

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,, FL 34472 US

New Mailing Address:

FEI Number: 38-3799438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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:

BROWN, EDWIN G MR.
12 CLEAR PLACE
OCALA, FLORIDA, FL 34472 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: _____ 03/09/2010
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: BENNETT, PAULINE M MS.
Address: 520 BAHIA TRACK TRACE
City-St-Zip: OCALA, FL 34472 US

I hereby 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 all other like empowered.

SIGNATURE: PAULINE M. BENNETT CEO 03/09/2010
Electronic Signature of Signing Officer or Director — Date