2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# N10000001051

Entity Name: THE COMFORTER HEALTH CARE GROUP, INC.

Current Principal Place of Business:

605 MONTGOMERY RD
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

605 MONTGOMERY RD
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 27-1857940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILSON, ROBERT G
605 MONTGOMERY RD
ALTAMONTE SPRINGS, FL 32714 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
Name: WILSON, ROBERT G
Address: 605 MONTGOMERY RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V
Name: ROBISON, GERALD D
Address: 5074 GREAT OAK LANE
City-St-Zip: SANFORD, FL 32771

Title: S
Name: SIMONINI, JO C
Address: 1768 STARGAZER TERRACE
City-St-Zip: SANFORD, FL 32771

Title: T
Name: WATSON, ROBERT J
Address: 6776 SYLVAN WOODS DRIVE
City-St-Zip: SANFORD, FL 32771

Title: D
Name: HALL, DONNA S
Address: 1119 DRUID ROAD
City-St-Zip: MAITLAND, FL 32751

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: ROBERT G. WILSON P 02/17/2011

Electronic Signature of Signing Officer or Director — Date