

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000028927

Entity Name: COMFORT MEDICAL, INC.

**FILED**  
**Jun 20, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

4385 NW 124TH AVENUE  
CORAL SPRINGS, FL 33065

## **New Principal Place of Business:**

8100 PARK BLVD.  
SUITE 501  
PINELLAS PARK, FL 33781

## **Current Mailing Address:**

4385 NW 124TH AVENUE  
CORAL SPRINGS, FL 33065

## **New Mailing Address:**

8100 PARK BLVD.  
SUITE 501  
PINELLAS PARK, FL 33781

FEI Number: 59-3720298

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

DOORN, JERRY  
8100 PARK BLVD.  
SUITE 501  
PINELLAS PARK, FL 33781 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  
Name: DOORN, JERRY  
Address: 6930 GREENBRIER DRIVE  
City-St-Zip: SEMINOLE, FL 33777

Title: V  
Name: PLANK, SUSAN  
Address: 6930 GREENBRIER DRIVE  
City-St-Zip: SEMINOLE, FL 33777

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JERRY DOORN

DIR.

06/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date