

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116091

FILED
Jan 03, 2008
Secretary of State

Entity Name: COMFORT CARE MEDICAL EQUIPMENT & UNIFORMS INC

Current Principal Place of Business:

10475 SE HWY 441
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

4348 N FEDERAL HWY
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-1158214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COUNSELL, BRENDA J
4368 N FEDERAL HWY
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

BORN, CHERIE J PRES
10475 SE US HIGHWAY 441
BELLEVIEW, FL 34420 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: CHERIE J BORN

01/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COUNSELL, BRENDA J
Address: 4368 N FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: AVP (X) Delete
Name: HARDEN, CHERIE
Address: 599 SW 87 PLACE
City-St-Zip: OCALA, FL 34476

Title: VP (X) Delete
Name: HOSCH, SHANNON
Address: 2918 NW 5 AVE
City-St-Zip: WILTON MANORS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BORN, CHERIE J
Address: 599 SW 87 PLACE
City-St-Zip: OCALA, FL 34476

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

SIGNATURE: CHERIE J BORN

PRES

01/03/2008

Electronic Signature of Signing Officer or Director

Date