2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116091

Entity Name: COMFORT CARE MEDICAL EQUIPMENT & UNIFORMS INC

FILED Apr 14, 2010 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|---------------------------------|---|--|
| 10475 SE HWY 441 BELLEVIEW, FL 34420 | | | |
| Current Mailing Address: | | New Mailing Address: | |
| 10475 SE HWY 441 BELLEVIEW, FL 34420 | | | |
| FEI Number: 65-1158214 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| BORN, CHERIE 10475 SE US HIGHWAY BELLEVIEW, FL 34420 | 441 US | | |
| The above named entity s in the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, |
| SIGNATURE: | | | |
| Electronic Signature of Registered Age | | ent | Date |
| Election Campaign Financing | Trust Fund Contribution (). | | |
| OFFICERS AND DIRECT | rors: | | |

Title:

Name: BORN, CHERIE 10475 SE HWY 441 Address: City-St-Zip: BELLEVIEW, FL 34420

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: CHERIE BORN Ρ 04/14/2010