

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000116091

**FILED**  
**Apr 21, 2011**  
**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:**

10475 SE HWY 441  
BELLEVIEW, FL 34420

**New Mailing Address:**

**FEI Number:** 65-1158214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BORN, CHERIE  
10475 SE US HIGHWAY 441  
BELLEVIEW, FL 34420 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: BORN, CHERIE  
Address: 3401 SE 131ST ST  
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

P

04/21/2011

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

\_\_\_\_\_  
Date