

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042375

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: COMFORT MEDICAL REHAB INC.

## Current Principal Place of Business:

13312 N. 56TH STREET  
SUITE 102  
TEMPLE TERRACE, FL 33617

## New Principal Place of Business:

7320 E SLIGH AVE  
TAMPA, FL 33610

## Current Mailing Address:

13312 N. 56TH STREET  
SUITE 102  
TEMPLE TERRACE, FL 33617

## New Mailing Address:

7320 EAST SLIGH AVE  
TAMPA, FL 33610

FEI Number: 04-3649694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OSAMA S. KAYALI, CPA  
7628 N. 56TH STREET  
SUITE 2  
TAMPA, FL 33617 US

## Name and Address of New Registered Agent:

OSAMA S. KAYALI, CPA  
8064 N 56TH ST  
TAMPA, FL 33617 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:

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OSMAN, MOHAMED  
Address: 117D PLANTATION CT EAST  
City-St-Zip: TEMPLE TERRACE, FL 33617

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: OSMAN, MOHAMED  
Address: 10326 CONCILS WAY  
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MOHAMED OSMAN

P

04/27/2004

Electronic Signature of Signing Officer or Director

Date