

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019320

FILED
Apr 01, 2005
Secretary of State

Entity Name: COMFORT CARE MEDICAL GROUP, P.A.

Current Principal Place of Business:

4511 N DAVIS HWY
STE 1-C
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4511 N DAVIS HWY
STE 1-C
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 75-3103634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMPBELL, SPENCER A
400 MIRABELLE DRIVE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

GOTTHELF, GARY
4511 N DAVIS HIGHWAY
1-C
PENSACOLA, FL 32503 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: GARY GOTTHELF, MD

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPBELL, SPENCER A
Address: 400 MIRABELLE DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: GOTTHELF, GARY M.D.
Address: 4511 N DAVIS HWY STE 1-C
City-St-Zip: PENSACOLA, FL 32503

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAMPBELL, SPENCER A
Address: 718 HERON DRIVE
City-St-Zip: WATERFORD, WI 53185

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CRUMLISH, MARY A
Address: 319 BREMEN AVENUE
City-St-Zip: PENSACOLA, FL 32507

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: GARY GOTTHELF, MD

D

04/01/2005

Electronic Signature of Signing Officer or Director

Date