

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083797

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: COMFORT ZONE HEALTH CARE, INC.

## Current Principal Place of Business:

7975 WEST MCNAB ROAD  
TAMARAC, FL 33321

## New Principal Place of Business:

7975 WEST MCNAB ROAD  
2B  
TAMARAC, FL 33321

## Current Mailing Address:

2310 NW 60 TERR.  
SUNRISE, FL 33313

## New Mailing Address:

2310 NW 60TH TERR  
SUNRISE, FL 33313

FEI Number: 42-1601964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAPP, ANGELA  
1735 NE 45 ST  
FORT LAUDERDALE, FL 33311 US

## Name and Address of New Registered Agent:

MOORE, DALE A  
2310 NW 60TH TERR  
SUNRISE, FL 33313 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: DALE MOORE

04/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: MOORE, DALE  
Address: 2310 NW 60TH TERRACE  
City-St-Zip: SUNRISE, FL 33313

Title: VPS ( ) Delete  
Name: LAPP, ANGELA  
Address: 1735 NE 45 ST  
City-St-Zip: FORT LAUDERDALE, FL 33311

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: MOORE, DALE A  
Address: 2310 NW 60TH TERRACE  
City-St-Zip: SUNRISE, FL 33313

Title: VPS (X) Change ( ) Addition  
Name: MOORE, DOURSIEL S  
Address: 2310 NW 60TH TERRACE  
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the 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: DALE A MOORE

PCEO

04/13/2006

Electronic Signature of Signing Officer or Director

Date