2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P03000091525

Entity Name: PALM BEACH COMFORT CARE PA

Current Principal Place of Business:

5841 CORPORATE WAY SUITE 105
WEST PALM BEACH, FL 33407

New Principal Place of Business:

2151 45TH STREET
#301
WEST PALM BEACH, FL 33407

Current Mailing Address:

5841 CORPORATE WAY SUITE 105
WEST PALM BEACH, FL 33407

New Mailing Address:

2151 45TH STREET
#301
WEST PALM BEACH, FL 33407

FEI Number: 11-3695246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARUSO, DR. ANTHONY D.C.
5841 CORPORATE WAY SUITE 105
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

CARUSO, DR. ANTHONY D.C.
2151 45TH STREET
#301
WEST PALM BEACH, FL 33407 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: _____ 04/21/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARUSO, DR. ANTHONY
Address: 8635 CYPRESS SPRINGS ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: PD ( ) Delete
Name: STITSKY, DR. LORNE
Address: 1845 TUDOR ROAD
City-St-Zip: JUNO BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LORNE S STITSKY DO PD 04/21/2008
Electronic Signature of Signing Officer or Director — Date