

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000091525

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** PALM BEACH COMFORT CARE PA

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

3003 S CONGRESS AVE  
#2F  
PALM SPRINGS, FL 33461

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

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

CARUSO, ANTHONY D.C.  
3003 S CONGRESS AVE  
#2F  
PALM SPRINGS, FL 33461 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: ANTHONY J CARUSO

03/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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: ANTHONY J CARUSO

PRES

03/19/2012

Electronic Signature of Signing Officer or Director

Date