

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000153444

1. Entity Name
COMFORT CARE HOME HEALTH, INC.



Principal Place of Business
**16115 SW 117 AV
A-22
MIAMI, FL 33177**

Mailing Address
**16115 SW 117 AV
A-22
MIAMI, FL 33177**



05122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8063344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, ANGELA C
16115 SW 117 AVE
A-22
MIAMI, FL 33177**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, ANGELA C PRESIDE 16115 SW 117 AV. A22 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EXUME, ERLINE 16115 SW 117 AV. A22 MIAMI, FL 33177
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06/04/08-80026-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angela Lewis

5/16/08