

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153444

FILED
Apr 30, 2010
Secretary of State

Entity Name: COMFORT CARE HOME HEALTH, INC.

Current Principal Place of Business:

16661 SW 117 AVE.
MIAMI, FL 33177 US

New Principal Place of Business:

Current Mailing Address:

16661 SW 117 AVE.
MIAMI, FL 33177 US

New Mailing Address:

FEI Number: 20-8063344 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEWIS, ANGELA C
16661 SW 117 AVE.
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: LEWIS, ANGELA C PRESIDE
Address: 16115 SW 117 AV. A22
City-St-Zip: MIAMI, FL 33177 US

Title: VP
Name: EXUME, ERLINE
Address: 16661SW 117 AV.
City-St-Zip: MIAMI, FL 33177 US

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: ANGELA LEWIS

_____ Electronic Signature of Signing Officer or Director

PD

04/30/2010

_____ Date