2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2012
Secretary of State

DOCUMENT# P07000036941

Entity Name: COMFORT CARE AT IT'S BEST, INC.

Current Principal Place of Business:

5809 NW 13TH STREET
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

5809 NW 13TH STREET
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 75-3237642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLE, VIVIENNE
5809 NW 13TH STREET
SUNRISE, FL 33323 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: COLE, VIVIENNE A
Address: 5809 NW 13TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: DP
Name: COLE, VIVIENNE A
Address: 5809 NW 13TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: DV
Name: BAILEY, KARY S
Address: 5809 NW 13TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: DST
Name: COLE, VIVIENNE
Address: 5809 NW 13TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: D
Name: COLE, VIVIENNE A
Address: 5809 NW 13TH STREET
City-St-Zip: SUNRISE, FL 33313

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: VIVIENNE A. COLE OFF 03/17/2012

Electronic Signature of Signing Officer or Director Date