

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000069233

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

**Entity Name:** COMFORT CARE PAIN MANAGEMENT INC.

**Current Principal Place of Business:**

9770 BAYMEADOWS RD.,  
SUITE 117  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9770 BAYMEADOWS RD.,  
SUITE 117  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 27-3302298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARG, HARDESH  
9770 BAYMEADOWS RD.,  
SUITE 129  
JACKSONVILLE, FL 32256 US

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

GARG, HARDESH  
9770 BAYMEADOWS RD.,  
SUITE 117  
JACKSONVILLE, FL 32256 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: HARDESH GARG

03/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GARG, HARDESH M.D.  
Address: 9770 BAYMEADOWS RD., SUITE 117  
City-St-Zip: JACKSONVILLE, FL 32256

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: HARDESH GARG

P

03/04/2012

Electronic Signature of Signing Officer or Director

Date