

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000001010

FILED
Mar 01, 2012
Secretary of State

Entity Name: COMFORT HEALTH CARE SUPPLIES, CORP.

Current Principal Place of Business:

5523 W. CYPRESS ST.
SUITE 104
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5523 W. CYPRESS ST.
SUITE 104
TAMPA, FL 33607

New Mailing Address:

FEI Number: 27-4404371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASTELLON, ORQUIDEA E
5523 W. CYPRESS ST.
SUITE 104
TAMPA, FL 33607 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: P
Name: CASTELLON, ORQUIDEA E
Address: 553 JOHNS PASS AVE.
City-St-Zip: MADEIRA BEACH, FL 33708

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: ORQUIDEA E. CASTELLON

PRES

03/01/2012

Electronic Signature of Signing Officer or Director

Date