FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000069339 (8)

1. Corporation Name
COMFORT CARE MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
184 E. PROSPECT RD. 184 E. PROSPECT RD. FT. LAUD. FL 33334 US	184 E. PROSPECT RD. 184 E. PROSPECT RD. FT. LAUD. FL 33334-1408 US

2. Principal Place of Business	2a. Mailing Address
21 3873 Powerline Road	26 3873 Powerline Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fort Lauderdale Fl	City & State 28 Fort Lauderdale Fl
Zip 24 33309-5067 / Country 25 USA	Zip 29 33309-5067 / Country 30 USA

3. Date Incorporated or Qualified: 10/06/1993
3a. Date of Last Report: 04/25/1996
4. FEI Number: 65-0451113 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

COUNSELL, BRENDA J
3550 GALT OCEAN DRIVE
#1507
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	[ ] DELETE
NAME	COUNSELL, BRENDA J	
STREET ADDRESS	3550 GALT OCEAN DR., #1507	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	DVS	[ ] DELETE
NAME	SHANNON, HOSCH L	
STREET ADDRESS	2918 NW 5TH AVE	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	D	[X] DELETE
NAME	HOSCH, SHANNON L	
STREET ADDRESS	2918 NW 5 AVE.	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	V	[ ] DELETE
NAME	WINDHOLTZ, JAMES	
STREET ADDRESS	5130 NW 27TH ST.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	See 2nd Block-is already	[ ] Change [ ] Addition
3.2 NAME	listed as DVS???	
3.3 STREET ADDRESS	Is it necessary to have a 2nd block??	
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brenda J Counsell — Brenda J Counsell Pres Treas. 3/15/97 (954) 564-2066