

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000069339

FILED
Mar 11, 2004
Secretary of State

Entity Name: COMFORT CARE MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

4368 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

4368 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 65-0451113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUNSELL, BRENDA J
3550 GALT OCEAN DRIVE
#1507
FORT LAUDERDALE, FL 33308 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: DPT () Delete
Name: COUNSELL, BRENDA J
Address: 3550 GALT OCEAN DR., #1507
City-St-Zip: FT LAUDERDALE, FL 33308

Title: DVS () Delete
Name: HOSCH, SHANNON
Address: 2918 NW 5TH AVE
City-St-Zip: WILTON MANORS, FL

Title: V () Delete
Name: WINDHOLTZ, JAMES
Address: 5130 NW 27TH ST.
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AVP (X) Change () Addition
Name: HARDEN, CHERIE
Address: 599 SW 87 PLACE
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRENDA J COUNSELL

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03/11/2004

Electronic Signature of Signing Officer or Director

Date