2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# P93000069339

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:

COUNSELL, BRENDA J
4368 N FEDERAL HWY
FORT LAUDERDALE, FL 33308 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: _____ 04/07/2005
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: AVP ( ) Delete
Name: HARDEN, CHERIE
Address: 599 SW 87 PLACE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: COUNSELL, BRENDA J
Address: 4368 N FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33308

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

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

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 DPT 04/07/2005
Electronic Signature of Signing Officer or Director — Date