2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000069339

599 SW 87 PLACE

OCALA, FL 34476

Address: City-St-Zip:

Entity Name: COMFORT CARE MEDICAL EQUIPMENT, INC.

FILED Apr 05, 2006 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|---|---|---------------|-----------------------|--|---|--|
| | EDERAL HWY. JDERDALE, FL | | US | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| | EDERAL HWY. JDERDALE, FL | | US | | | |
| FEI Number | : 65-0451113 | FEI Num | ber Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address | Name and Address of New Registered Agent: | |
| 4368 N FE | LL, BRENDA J DERAL HWY JDERDALE, FL | _ 33308 | US | | | |
| | e named entity s e of Florida. | submits th | nis statement for the | purpose of changing its register | ed office or registered agent, or both, | |
| SIGNATUI | RE: | | | | | |
| Electronic Signature of Registered Agent | | | | ent | Date | |
| Election Car | mpaign Financing | g Trust Fur | nd Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | DPT () COUNSELL, BF 4368 N FEDER, FT LAUDERDAI | AL HWY | 08 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DVS () HOSCH, SHANN 2918 NW 5TH A WILTON MANO | ΝΈ | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | AVP () HARDEN, CHEF | Delete RIE | | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: BRENDA J COUNSELL PRES 04/05/2006