

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90050 018 \*\*\*150.00

**DOCUMENT # P93000069339**

**1. Entity Name**  
**COMFORT CARE MEDICAL EQUIPMENT, INC.**



**Principal Place of Business**  
~~3873 POWERLINE RD~~  
**FORT LAUDERDALE FL 33309**  
**US**

**Mailing Address**  
~~3873 POWERLINE RD~~  
**FORT LAUDERDALE FL 33309**  
**US**

**2. Principal Place of Business**  
**4368 N. FEDERAL Hwy**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**4368 N. FEDERAL Hwy**  
Suite, Apt. #, etc.

**City & State**  
**FT Lauderdale, FL**

**City & State**  
**FT Lauderdale, FL**

**4. FEI Number** **65-0451113**

**Applied For**  
**Not Applicable**

**Zip** **33308** **Country** **Broward**

**Zip** **33308** **Country** **Broward**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DPT** ☐ **Delete**  
**NAME** **COUNSELL, BRENDA J**  
**STREET ADDRESS** **3550 GALT OCEAN DR., #1507**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33308**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **DVS** ☐ **Delete**  
**NAME** **HOSCH, SHANNON**  
**STREET ADDRESS** **2918 NW 5TH AVE**  
**CITY-ST-ZIP** **WILTON MANORS FL**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☐ **Delete**  
**NAME** **WINDHOLTZ, JAMES**  
**STREET ADDRESS** **5130 NW 27TH ST.**  
**CITY-ST-ZIP** **MARGATE FL 33063**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 110/02