

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000054284

**Entity Name:** COMFORT CARE SUPPLIES, INC.

**Current Principal Place of Business:**

6741 WEST SUNRISE BLVD. #10  
PLANTATION, FL 33313

**Current Mailing Address:**

6741 WEST SUNRISE BLVD. #10  
PLANTATION, FL 33313

**FEI Number:** 11-3842599

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAMNATH, SHRIMATIE  
15182 SW 35TH STREET  
DAVIE, FL 33331 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:** SHRIMATIE RAMNATH

03/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, T  
Name RAMNATH, SAWACK  
Address 15182 SW 35TH STREET  
City-State-Zip: DAVIE FL 33331

Title COO  
Name RAMNATH, DONNA KRISTEN  
Address 6741 WEST SUNRISE BLVD.  
SUITE #10  
City-State-Zip: PLANTATION FL 33313

*I hereby 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 all other like empowered.*

**SIGNATURE:** DONNA RAMNATH

COO

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date