

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000069233

**Entity Name:** COMFORT CARE PAIN MANAGEMENT INC.

**Current Principal Place of Business:**

9770 BAYMEADOWS RD.,  
SUITE 117  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9770 BAYMEADOWS RD.,  
SUITE 117  
JACKSONVILLE, FL 32256

**FEI Number:** 27-3302298

**Certificate of Status Desired:** No

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

GARG, HARDESH  
9770 BAYMEADOWS RD.,  
SUITE 117  
JACKSONVILLE, FL 32256 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GARG, HARDESH M.D.  
Address 9770 BAYMEADOWS RD., SUITE 117  
City-State-Zip: JACKSONVILLE FL 32256

*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:** HARDESH GARG

**PRESIDENT**

**04/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date