

2017 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

P

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date