

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000038204

Entity Name: COMFORT CHOICE HEALTH CARE, INC

Current Principal Place of Business:

1427 S.W. BELGRAVE TERRACE
STUART, FL 34997

FILED
May 01, 2014
Secretary of State
CC5598018465

Current Mailing Address:

2980 NW 55TH AVE
2A
LAUDERHILL, FL 33313 US

FEI Number: 46-1552021

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOGBO, CHUCK P.A.
2800 W. OAKLAND PK BLVD.
SUITE 209
OAKLAND PARK, FL 33311 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 PS
Name MCKENNA, EVALINE
Address 2980 NW 55TH AVE
APT# 2A
City-State-Zip: LAUDERHILL FL 33313

Title T
Name HALL, KIMOTHY
Address 1354 S.W. 1ST WAY
City-State-Zip: DEERFIELD BEACH FL 33441

Title V
Name ST. VALLIERE, BEVERLY
Address 1427 S.W. BELGRAVE TERRACE
City-State-Zip: STUART FL 34997

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: EVALINE MCKENNA

PRESIDENT

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date