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.

Ρ

SIGNATURE: BEVERLY ST. VALLIERE

Electronic Signature of Signing Officer/Director Detail

2015 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

Current Mailing Address:

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

FEI Number: 46-1552021

Name and Address of Current Registered Agent:

MOGBO, CHUCK P.A. 2800 W. OAKLAND PK BLVD. SUITE 209 OAKLAND PARK, FL 33311 US

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

Officer/Director Detail :

Title	VS	Title	P
Name	MCKENNA, EVALINE	Name	ST. VALLIERE, BEVERLY
Address	2980 NW 55TH AVE APT# 2A LAUDERHILL FL 33313	Address	1427 S.W. BELGRAVE TERRACE
		City-State-Zip:	STUART FL 34997
City-State-Zip:			
Title	т		
Name	HALL, KIMOTHY		
Address	1354 S.W. 1ST WAY		
City-State-Zip:	DEERFIELD BEACH FL 33441		

FILED Apr 30, 2015 Secretary of State CC2023011639

Certificate of Status Desired: No

04/30/2015 Date

Date