

**2016 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**  
**Apr 30, 2016**  
**Secretary of State**  
**CC3688068330**

**Current Mailing Address:**

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

**FEI Number: 46-1552021**

**Certificate of Status Desired: Yes**

**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 VS  
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 P  
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: ST. VALLIERE, BEVERLY**

**PRESIDENT**

**04/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date