

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000038204

**Entity Name:** COMFORT CHOICE HEALTH CARE, INC

**Current Principal Place of Business:**

1515 N FEDERAL HWY  
SUITE 300-23  
BOCA RATON, FL 33432

**Current Mailing Address:**

1515 N FEDERAL HWY  
SUITE 300-23  
BOCA RATON, FL 33432 US

**FEI Number:** 46-1552021

**Certificate of Status Desired:** No

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

ST VALLIERE, BEVERLY  
1515 N FEDERAL HWY  
SUITE 300-23  
BOCA RATON, FL 33432 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:** BEVERLY ST VALLIERE

05/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VS  
Name DOYLEY-HUNTER, ACHIA  
Address 1515 N FEDERAL HWY  
SUITE 300-23  
City-State-Zip: BOCA RATON FL 33432

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

Title T  
Name ST VALLIERE, BEVERLY  
Address 1515 N FEDERAL HWY  
SUITE 300-23  
City-State-Zip: BOCA RATON FL 33432

*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:** BEVERLY ST VALLIERE

PRESIDENT

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date