

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000047483

**Entity Name:** COMFORT HEALTH GROUP, LLC.

**Current Principal Place of Business:**

5190 NW 167TH STREET  
SUITE 109  
MIAMI GARDENS, FL 33014

**Current Mailing Address:**

5190 NW 167TH STREET  
SUITE 109  
MIAMI GARDENS, FL 33014 US

**FEI Number:** 45-1865803

**Certificate of Status Desired:** No

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

PORTILLA, GERARDO  
8300 W FLAGLER ST  
210  
MIAMI, FL 33144 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

**Authorized Person(s) Detail :**

Title MGR  
Name PORTILLA, GERARDO  
Address 8300 W FLAGLER ST  
City-State-Zip: MIAMI FL 33144

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GERARDO PORTILLA

**PRESIDENT**

**03/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date