

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000108169

**Entity Name:** COMFORT CARE PLACE, LLC

**Current Principal Place of Business:**

827 MYRTLE TERRACE  
NAPLES, FL 34103

**Current Mailing Address:**

827 MYRTLE TERRACE  
NAPLES, FL 34103

**FEI Number:** 47-4246230

**Certificate of Status Desired:** No

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

FOX, ELIZABETH MD  
827 MYRTLE TERRACE  
NAPLES, FL 34103 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 FOX, ELIZABETH MD  
Address 827 MYRTLE TERRACE  
City-State-Zip: NAPLES FL 34103

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIZABETH FOX, MD

MGR

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date