

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000110271

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

**Current Principal Place of Business:**

161 N CAUSEWAY  
SUITE A  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

161 N CAUSEWAY  
SUITE A  
NEW SMYRNA BEACH, FL 32169 US

**FEI Number:** 83-1100796

**Certificate of Status Desired:** No

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

FLORIDA PRIMARY PHYSICIANS, LLC  
161 N CAUSEWAY  
A  
NEW SMYRNA BEACH, FL 32169 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:** JOHN YEE

01/04/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FLORIDA PRIMARY PHYSICIANS, LLC  
Address 161 N CAUSEWAY  
City-State-Zip: NEW SMYRNA BEACH FL 32169

*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:** JOHN YEE

MGR

01/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date