2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2017
Secretary of State
CC4735830908

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Entity Name: ABSOLUTE HEALTH CENTER, INC.

Current Principal Place of Business:

2720 NW 6TH ST., STE. 1
GAINESVILLE, FL 32609

Current Mailing Address:

2720 NW 6TH ST., STE. 1
GAINESVILLE, FL 32609

FEI Number: 77-0708315

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH CT. NORTH
LOXAHATCHEE, FL 33470 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	P	Title	VP
Name	HAINES, FREDERICK D. II	Name	HAINES, PATRICIA D.
Address	8618 SW 57 LANE	Address	8618 SW 57 LANE
City-State-Zip:	GAINESVILLE FL 32608	City-State-Zip:	GAINESVILLE FL 32608

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: FREDERICK D. II HAINES PRESIDENT 04/03/2017

Electronic Signature of Signing Officer/Director Detail — Date