

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000133025

**Entity Name:** ABSOLUTE HEALTH CENTER, INC.

**Current Principal Place of Business:**

4110 NW 37TH PLACE  
SUITE D  
GAINESVILLE, FL 32606

**Current Mailing Address:**

4110 NW 37TH PLACE  
SUITE D  
GAINESVILLE, FL 32606 US

**FEI Number:** 77-0708315

**Certificate of Status Desired:** No

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

INCorp SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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 VP  
Name HAINES, PATRICIA D  
Address 8618 SW 57TH LANE  
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:** PATRICIA D HAINES

**OWNER**

**03/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date