

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006397

FILED
May 08, 2008
Secretary of State

Entity Name: ABSOLUTE HOME HEALTH CARE SERVICES, LLC

Current Principal Place of Business:

149 HARBORS WAY
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

149 HARBORS WAY
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 74-3200474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOMBOS, JEFF
149 HARBORS WAY
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOMBOS, JEFF
Address: 149 HARBORS WAY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM () Delete
Name: VILLEGAS, ALEJANDRO
Address: 149 HARBORS WAY
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CARLSEN, JOEL
Address: 149 HARBORS WAY
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JEFFREY GOMBOS

MGRM

05/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date