2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L08000032616

Entity Name: ABSOLUTE CARE PLUS SERVICES, LLC

Current Principal Place of Business:

955 20TH AVENUE
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6003
VERO BEACH, FL 32961 US

New Mailing Address:

FEI Number: 26-2043981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBB-MEADOWS, KIMBERLY M
955 20TH AVENUE
VERO BEACH, FL 32960 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: MGR ( ) Delete
Name: WEBB-MEADOWS, KIMBERLY M
Address: 955 20TH AVENUE
City-St-Zip: VERO BEACH, FL 32960 US

Title: MGR ( ) Delete
Name: MONROE, SHANTREIRRA L
Address: 955 20TH AVENUE
City-St-Zip: VERO BEACH, FL 32960 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: BAKER, RENA A
Address: P.O. BOX 9636
City-St-Zip: PORT ST. LUCIE, FL 34985

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: KIMBERLY M. WEBB-MEADOWS MGR 04/28/2009

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