

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032616

FILED
Apr 29, 2010
Secretary of State

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:

1965 42ND AVENUE
SUITE #3
VERO BEACH, FL 32960 US

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:

WEBB-MEADOWS, KIMBERLY M
1965 42ND AVENUE
SUITE #3
VERO BEACH, FL 32960 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

04/29/2010

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WEBB-MEADOWS, KIMBERLY M
Address: 1965 42ND AVENUE, SUITE #3
City-St-Zip: VERO BEACH, FL 32960 US

Title: MGR
Name: MONROE, SHANTREIRRA L
Address: 1965 42ND AVENUE, SUITE #3
City-St-Zip: VERO BEACH, FL 32960 US

Title: MGRM
Name: BAKER, RENA A
Address: 1965 42ND AVENUE, SUITE #3
City-St-Zip: VERO BEACH, FL 32960

I hereby 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

04/29/2010

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