

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000067487

FILED
Sep 11, 2012
Secretary of State

Entity Name: ABSOLUTE CARE HOME HEALTH SERVICES, LLC

Current Principal Place of Business:

3546 ST JOHNS BLUFF ROAD
SUITE 113
JACKSONVILLE, FL 32224

New Principal Place of Business:

4613
PHILLIPS HIGHWAY SUITE 208-A
JACKSONVILLE, FL 32207

Current Mailing Address:

3546 ST JOHNS BLUFF ROAD
SUITE 113
JACKSONVILLE, FL 32224

New Mailing Address:

4613
PHILLIPS HIGHWAY SUITE 208-A
JACKSONVILLE, FL 32207

FEI Number: 27-1488329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTINOLA, ROY S
9961 WATERMARK LANE W
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

LABIAL, GUILLERMO R
945 LAS NAVAS PLACE
ST AUGUSTINE, FL 32092 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: GUILLERMO R. LABIAL

09/11/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MONTLABI GROUP, LLC
Address: 4613 PHILLIPS HIGHWAY SUITE 208-A
City-St-Zip: JACKSONVILLE, FL 32207 US

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: GUILLERMO R. LABIAL

MGR

09/11/2012

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