

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000014733

FILED
Mar 12, 2012
Secretary of State

Entity Name: ABSOLUTE HEALTHCARE LLC

Current Principal Place of Business:

3378 MARINER BLVD
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

3378 MARINER BLVD
SPRING HILL, FL 34608

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAURAV, MALHOTRA
13463 PULLMAN DR
SPRING HILL, FL 34609 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
Name: MALHOTRA, GAURAV
Address: 13463 PULLMAN DR
City-St-Zip: SPRING HILL, FL 34609

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: GAURAV MALHOTRA

MGR

03/12/2012

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