

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000049649

**FILED**  
**Apr 08, 2004**  
**Secretary of State**

**Entity Name:** ABSOLUTE HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

100 EMMETT STREET  
#202  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

1000 EMMETT STREET  
#202  
KISSIMMEE, FL 34741

**Current Mailing Address:**

2890 EGRETS LANDING DRIVE  
LAKE MARY, FL 32746

**New Mailing Address:**

1000 EMMETT STREET  
#202  
KISSIMMEE, FL 34741

**FEI Number:** 04-3660155      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEDINA, MANUEL  
2890 EGRETS LANDING DRIVE  
LAKE MARY, FL 32746

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D            ( ) Delete  
Name: MEDINA, MANUEL  
Address: 2890 EGRETS LANDING DRIVE  
City-St-Zip: LAKE MARY, FL 32746

Title: O            ( ) Delete  
Name: MEDINA, MELISA  
Address: 2890 EGRETS LANDING  
City-St-Zip: LAKE MARY, FL 32746

Title: D            ( ) Delete  
Name: HOLLEY, LORETTA  
Address: 330 MOFFAT LOOP  
City-St-Zip: OVIEDO, FL 32765

Title: D            ( ) Delete  
Name: SABAGAL, ALBA  
Address: 1838 NESTLEWOOD TR  
City-St-Zip: ORLANDO, FL 32837

Title: D            (X) Delete  
Name: COLLINS, PATRICIA  
Address: 3123 HANING MOSS CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

Title: D            ( ) Delete  
Name: CARTER, RENEE  
Address: 1926 BLUEFOX CT  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISA MEDINA

O

04/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date