

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049649

FILED  
May 02, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1012 EMMETT STREET  
SUITE A  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

1012 EMMETT STREET  
SUITE A  
KISSIMMEE, FL 34741

**New Mailing Address:**

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  
1012 EMMETT STREET  
SUITE A  
KISSIMMEE, FL 34741 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MEDINA, MANUEL  
Address: 1012 EMMETT STREET STE.A  
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: MANUEL MEDINA

P

05/02/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date