

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049649

FILED  
Jun 14, 2012  
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:**

MCDERMOTT, ROBERT E  
1012 EMMETT STREET  
SUITE A  
KISSIMMEE, FL 34741 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: ROBERT E. MCDERMOTT

06/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: PRES  
Name: MCDERMOTT, ROBERT E  
Address: 1012 EMMETT STREET SUITE 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: ROBERT E. MCDERMOTT

PRES

06/14/2012

Electronic Signature of Signing Officer or Director

Date