


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91271 024 \*\*\*150.00

**DOCUMENT # P02000049649**

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



Principal Place of Business  
**2890 EGRETS LANDING DRIVE  
LAKE MARY FL 32746**

Mailing Address  
**2890 EGRETS LANDING DRIVE  
LAKE MARY FL 32746**

2. Principal Place of Business  
**1000 Emmet Street**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**#202**

Suite, Apt. #, etc.

City & State  
**Kissimmee, FL**

City & State

Zip  
**34741**

Country  
**Osceola**

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**04-3660155**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MEDINA, MANUEL  
2890 EGRETS LANDING DRIVE  
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>MEDINA, MANUEL</b>	
STREET ADDRESS <b>2890 EGRETS LANDING DRIVE</b>	
CITY-ST-ZIP <b>LAKE MARY FL 32746</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Medina, Manuel</b>	
STREET ADDRESS <b>2890 Egrets Landing Dr.</b>	
CITY-ST-ZIP <b>Lake Mary, FL 32746</b>	
TITLE <b>O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Melisa Medina</b>	
STREET ADDRESS <b>2890 Egrets Landing</b>	
CITY-ST-ZIP <b>Lake Mary, FL 32746</b>	
TITLE <b>BO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Loretta Holley</b>	
STREET ADDRESS <b>330 Mohat Loop</b>	
CITY-ST-ZIP <b>Orlando, FL 32765</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Alba Sabagal</b>	
STREET ADDRESS <b>1838 Nestwood Tr.</b>	
CITY-ST-ZIP <b>Orlando, FL 32837</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Patricia Collins</b>	
STREET ADDRESS <b>3123 Hanging Moss Circle</b>	
CITY-ST-ZIP <b>Kissimmee, FL 34741</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Renee Carter</b>	
STREET ADDRESS <b>126 Bluefox Ct</b>	
CITY-ST-ZIP <b>Orlando, FL 32825</b>	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/22/03** DAYTIME PHONE #: **407-687-8784**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)