2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144900

Entity Name: ABSOLUTE HOME HEALTH, INC

FILED Mar 31, 2010 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|--|----------------------------------|------------------------------------|---|--|
| 9240 SW 72 103 MIAMI, FL 3 | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 9240 SW 72 103 MIAMI, FL 3 | | | | | |
| FEI Number: | 20-5906208 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| GARCIA, TA 14436 SW 4 MIAMI, FL 3 | 46 TER | | | | |
| The above in the State | | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUR | E: | | | | |
| | Electron | ic Signature of Registered Age | ent | Date | |
| Election Cam | paign Financing | g Trust Fund Contribution (). | | | |
| OFFICERS | AND DIREC | TORS: | | | |
| Title: Name: Address: City-St-Zip: | P GARCIA, TAIMI 14436 SW 46 T MIAMI, FL 331 | — | | | |

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 Title:
 VP

 Name:
 SOSA, JORGE L

 Address:
 14436 SW 46TH TERR

 City-St-Zip:
 MIAMI, FL 33175

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: TAIMI GARCIA P 03/31/2010