2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2011
Secretary of State

DOCUMENT# P09000011318

Entity Name: ABSOLUTE CAREGIVERS HOME HEALTH AGENCY INC.

Current Principal Place of Business:

2151 N CONGRESS AVENUE
SUITE 200
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

8311 SW 157 AVE APT #706
MIAMI, FL 33193

New Mailing Address:

2151 N CONGRESS AVENUE
SUITE 200
WEST PALM BEACH, FL 33407

FEI Number: 80-0344634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIOS, EDUAR M
2151 N CONGRESS AVE STE 200
W PALM BEACH, FL 33407 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

OFFICERS AND DIRECTORS:

Title: P
Name: RIOS, EDUAR M
Address: 8311 SW 157 AVE APT #706
City-St-Zip: MIAMI, FL 33193

Title: V
Name: LOPEZ, IVETTE
Address: 8311 SW 157 AVE APT #706
City-St-Zip: MIAMI, FL 33193

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: EDUAR M RIOS P 02/03/2011

Electronic Signature of Signing Officer or Director — Date