

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000011318

FILED
Jan 17, 2012
Secretary of State

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:

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

New Mailing Address:

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: 2151 NORTH CONGRESS AVENUE SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33407

Title: V
Name: LOPEZ, IVETTE
Address: 2151 NORTH CONGRESS AVENUE SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33407

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

Electronic Signature of Signing Officer or Director

P

01/17/2012

Date