

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000021689

**FILED**  
**Jan 29, 2011**  
**Secretary of State**

**Entity Name:** ABSOLUTE HOME HEALTH AGENCY, INC

**Current Principal Place of Business:**

13540 N FLORIDA AVE.  
STE 202A  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

13540 N FLORIDA AVE.  
STE 202A  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 26-4409859      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAMGA, ETHEL  
12831 DARBY RIDGE DR  
TAMPA, FL 33624 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: KAMGA, ETHEL  
Address: 12831 DARBY RIDGE DR  
City-St-Zip: TAMPA, FL 33624

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: ETHEL KAMGA

P

01/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date