

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000026974

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** ABSOLUTE QUALITY HEALTHCARE, INC.

**Current Principal Place of Business:**

741 SE STARFLOWER AVE  
PORT ST LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

741 SE STARFLOWER AVE  
PORT ST LUCIE, FL 34983 US

**New Mailing Address:**

**FEI Number:** 27-2222233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HUGHEY, SHERRY A  
741 SE STARFLOWER AVE  
PORT ST LUCIE, FL 34983 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:** PRES  
**Name:** HUGHEY, SHERRY A  
**Address:** 741 SE STARFLOWER AVE  
**City-St-Zip:** PORT ST LUCIE, FL 34983 US

**Title:** VP  
**Name:** HUGHEY-MCNAIR, LASHAWNDA R  
**Address:** 3590 NW TREASURE COAST DR. APT. 102  
**City-St-Zip:** JENSEN BEACH, FL 34957 US

**Title:** VP  
**Name:** HUGHEY-WHITE, CHANTELL D  
**Address:** 741 SE STARFLOWER AVE  
**City-St-Zip:** PORT ST LUCIE, FL 34983 US

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:** SHERRY A HUGHEY

PRES

01/12/2011

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

\_\_\_\_\_  
Date