SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

005257

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000048701 (1)**

1. Corporate Name
ABSOLUTE HEALTH CARE, INC.

Principal Place of Business
1380 NE MIAMI GARDENS DRIVE
SUITE 215
NORTH MIAMI BEAH FL 33179

Mailing Address
1380 NE MIAMI GARDENS DRIVE
SUITE 215
NORTH MIAMI BEAH FL 33179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
06/03/1997

4. FEI Number
65-0758833

Applied For ( ) Not Applicable ( )

5. Certificate of Status Desired [✓] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added To Fee

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 [ ] Yes [✓] No

9. Name and Address of Current Registered Agent
SMEJKAL, SABINA
1380 NE MIAMI GARDENS DRIVE
SUITE 215
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SMEKJAL, SABINA
STREET ADDRESS 9139 D S.W. 20TH ST
CITY-ST-ZIP BOCA RATON FL 33428 [ ] DELETE

TITLE D
NAME WEINGARDEN, LEE
STREET ADDRESS 7506 SIERRA DRIVE EAST
CITY-ST-ZIP BOCA RATON FL 33433 [ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP [ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP [ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP [ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

131 TITLE
132 NAME
133 STREET ADDRESS
134 CITY-ST-ZIP [ ] Change [ ] Add

231 TITLE
232 NAME
233 STREET ADDRESS
234 CITY-ST-ZIP [ ] Change [ ] Add

331 TITLE
332 NAME
333 STREET ADDRESS
334 CITY-ST-ZIP [ ] Change [ ] Add

431 TITLE
432 NAME
433 STREET ADDRESS
434 CITY-ST-ZIP [ ] Change [ ] Add

531 TITLE
532 NAME
533 STREET ADDRESS
534 CITY-ST-ZIP [ ] Change [ ] Add

631 TITLE
632 NAME
633 STREET ADDRESS
634 CITY-ST-ZIP [ ] Change [ ] Add

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 12 or Block 13 if changed or added to the report.

SIGNATURE: Sabina Smejkal 9/29/98 305-945-3333
SIGNATURE AND TITLE OF CHIEF EXECUTIVE OFFICER OR DIRECTOR — Date — Daytime Phone #