

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000049649

**Entity Name:** ABSOLUTE HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

1012 EMMETT STREET  
SUITE A  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1012 EMMETT STREET  
SUITE A  
KISSIMMEE, FL 34741

**FEI Number:** 04-3660155

**Certificate of Status Desired:** No

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

MEDINA, MANUEL V  
1012 EMMETT STREET  
SUITE A  
KISSIMMEE, FL 34741 US

*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:** MANUEL V. MEDINA

01/30/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name MEDINA, MANUEL V  
Address 1012 EMMETT STREET STE.A  
City-State-Zip: KISSIMMEE FL 34741

*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:** MANUEL V. MEDINA

CEO

01/30/2013

Electronic Signature of Signing Officer/Director Detail

Date