

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000021689

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

PO BOX 273232  
TAMPA, FL 33688 US

**FEI Number: 26-4409859**

**Certificate of Status Desired: No**

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

KAMGA, ETHEL  
12831 DARBY RIDGE DR  
TAMPA, FL 33624 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name KAMGA, ETHEL  
Address 12831 DARBY RIDGE DR  
City-State-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

CEO

03/30/2021

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date