

2023 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
4141 ROLLING SPRINGS 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 PO BOX 273232
City-State-Zip: TAMPA FL 33688

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

ADMINISTRATOR

01/28/2023

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date