

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000041586

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

**Current Principal Place of Business:**

8000 NORTH UNIVERSITY DRIVE  
TAMARAC, FL 33321

**Current Mailing Address:**

6155 NW 123RD LN  
CORAL SPRINGS, FL 33076 US

**FEI Number:** 65-0421547

**Certificate of Status Desired:** Yes

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

SHAW, BERNARD R  
6155 NW 123RD LN  
CORAL SPRINGS, FL 33076 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 D  
Name SHAW, NORMA E  
Address 6155 NW 123RD LN  
City-State-Zip: CORAL SPRINGS FL 33076

Title D  
Name SHAW, BERNARD R  
Address 6155 NW 123RD LN  
City-State-Zip: CORAL SPRINGS FL 33076

*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:** BERNARD SHAW

**ADMINISTRATOR**

**03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date