

**2013 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:**

1845 EAGLE TRACE BLVD EAST  
CORAL SPRINGS, FL 33071

**FEI Number:** 65-0421547

**Certificate of Status Desired:** Yes

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

SHAW, BERNARD R  
1845 EAGLE TRACE BLVD EAST  
CORAL SPRINGS, FL 33071 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        1845 EAGLE TRACE BLVD E  
City-State-Zip: CORAL SPRINGS FL 33071

Title            D  
Name            SHAW, BERNARD R  
Address        1845 EAGLE TRACE BLVD E  
City-State-Zip: CORAL SPRINGS FL 33071

*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 R. SHAW

**ADMINISTRATOR**

**04/15/2013**

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

\_\_\_\_\_  
Date