

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000041586

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

**Current Principal Place of Business:**

1430 NORTH FEDERAL HIGHWAY  
SUITE 200A  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

1430 NORTH FEDERAL HIGHWAY  
SUITE 200  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** 65-0421547

**Certificate of Status Desired:** No

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

WHARTON, JENNIFER ESQ.  
1430 NORTH FEDERAL HIGHWAY  
SUITE 200A  
FORT LAUDERDALE, FL 33304 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  
Address 1430 NORTH FEDERAL HIGHWAY  
SUITE 200A  
City-State-Zip: FORT LAUDERDALE FL 33304

Title D  
Name SHAW, BERNARD R  
Address 1430 NORTH FEDERAL HIGHWAY  
SUITE 200A  
City-State-Zip: FORT LAUDERDALE FL 33304

Title D  
Name WHARTON, ERNEST  
Address 1430 NORTH FEDERAL HIGHWAY  
SUITE 200A  
City-State-Zip: FORT LAUDERDALE FL 33304

Title D  
Name WHARTON, JENNIFER  
Address 1430 NORTH FEDERAL HIGHWAY  
SUITE 200A  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** JENNIFER WHARTON

**CEO**

**04/06/2021**

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

\_\_\_\_\_  
Date