

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000014733

**Entity Name:** ABSOLUTE HEALTHCARE LLC

**Current Principal Place of Business:**

3378 MARINER BLVD  
SPRING HILL, FL 34608

**Current Mailing Address:**

3378 MARINER BLVD  
SPRING HILL, FL 34608

**FEI Number:** 30-0692394

**Certificate of Status Desired:** No

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

GAURAV, MALHOTRA  
13463 PULLMAN DR  
SPRING HILL, FL 34609 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

**Authorized Person(s) Detail :**

Title MGR  
Name MALHOTRA, GAURAV  
Address 13463 PULLMAN DR  
City-State-Zip: SPRING HILL FL 34609

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GAURAV MALHOTRA

**OWNER**

**03/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date