2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2015
Secretary of State
CC7071762540

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 MGR 04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date