

2017 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: MALHOTRA GAURAV

MGR

04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date