

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G86949

**FILED**  
**Jan 20, 2015**  
**Secretary of State**  
**CC1660598074**

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

**Current Principal Place of Business:**

171 MONROE LANE  
LEXINGTON, SC 29072

**Current Mailing Address:**

POST OFFICE BOX 2431  
LEXINGTON, SC 29071-2431 US

**FEI Number:** 59-2377550

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DP  
Name YOUNG, RONNIE L  
Address 171 MONROE LANE  
City-State-Zip: LEXINGTON SC 29072

Title CFO  
Name BACH, DANIEL J.  
Address 171 MONROE LANE  
City-State-Zip: LEXINGTON SC 29072

Title DEVP  
Name HARDMAN, JAMES F  
Address 171 MONROE LANE  
City-State-Zip: LEXINGTON SC 29072

Title VP  
Name JEFFCOAT, PATRICK W. JR.  
Address 171 MONROE LANE  
City-State-Zip: LEXINGTON SC 29072

Title VP  
Name JEFFCOAT, CHRISTINA M  
Address 171 MONROE LANE  
City-State-Zip: LEXINGTON SC 29072

*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:** YOUNG, RONNIE L.

**DP**

**01/20/2015**

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

\_\_\_\_\_  
Date