

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G86949

**FILED  
Feb 17, 2013  
Secretary of State  
CC4395124388**

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

**Current Principal Place of Business:**

3250 N ANDREWS AVE EXTENSION  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

POST OFFICE BOX 2431  
LEXINGTON, SC 29071-2431 US

**FEI Number: 59-2377550**

**Certificate of Status Desired: Yes**

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

HARITON, MARY J  
3250 N. ANDREWS AVENUE  
POMPANO BEACH, FL 33064 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 VPST  
Name KEIM, JOHN D  
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

*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: JOHN D. KEIM**

**VPST**

**02/17/2013**

Electronic Signature of Signing Officer/Director Detail

Date