

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G86949

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

**Current Principal Place of Business:**

171 MONROE LANE  
LEXINGTON, SC 29072

**Current Mailing Address:**

171 MONROE LANE  
LEXINGTON, SC 29072 US

**FEI Number:** 59-2377550

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            YOUNG, RONNIE L.  
Address        171 MONROE LANE  
City-State-Zip: LEXINGTON SC 29072

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

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

Title            OTHER  
Name            STEWART, TIMOTHY  
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:** TIMOTHY STEWART

**AUTHORIZED PERSON**

**04/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date