

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86949

**FILED
May 08, 2014
Secretary of State
CC8512213887**

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: No

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

05/08/2014

Electronic Signature of Signing Officer/Director Detail

Date