

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G89315

Entity Name: TRADITIONAL HOME HEALTH OF PALM BEACH, 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: 59-2389118

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 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: DANIEL J. BACH

CFO

03/02/2017

Electronic Signature of Signing Officer/Director Detail

Date