

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000005914

Entity Name: TRADITIONAL HEALTHCARE CENTER LLC

Current Principal Place of Business:

4052 STAGHORN LANE
WESTON, FL 33331

Current Mailing Address:

4052 STAGHORN LANE
WESTON, FL 33331

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EADEH, LAUREN E
4052 STAGHORN LANE
WESTON, FL 33331 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

Authorized Person(s) Detail :

Title MGR
Name EADEH, LAUREN E
Address 4052 STAGHORN LANE
City-State-Zip: WESTON FL 33331

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAUREN EADEH

MGR

01/24/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date