

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000003716

**Entity Name:** TRADITIONAL HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

1200 S. PINELLAS AVE  
SUITE 3  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

2699 RICHARDS ROAD  
TARPON SPRINGS, FL 34688

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REYNOLDS, PAUL C  
2699 RICHARDS ROAD  
TARPON SPRINGS, FL 34688 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 MGRM  
Name REYNOLDS, PAUL C  
Address 2699 RICHARDS ROAD  
City-State-Zip: TARPON SPRINGS FL 34688

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL REYNOLDS

MGRM

02/26/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date