

2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL REYNOLDS

MGRM

03/26/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date