

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000003489

Entity Name: CREATIVE HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

1800 N. WABASH AVENUE, STE. 203
MARION, IN 46952

Current Mailing Address:

1800 N. WABASH AVENUE, STE. 203
MARION, IN 46952

FEI Number: 35-2129490

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOUGHTON, SAMUEL A
500 SOUTH FLORIDA AVENUE, STE. 800
LAKELAND, FL 33801 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 CLAYTON, JEFFREY
Address 1800 N. WABASH AVENUE, STE. 203
City-State-Zip: MARION IN 46952

Title MGRM
Name SECK, WILLIAM
Address 1800 N. WABASH AVENUE, STE. 203
City-State-Zip: MARION IN 46952

Title MGRM
Name GIBSON, CULLEN
Address 1800 N. WABASH AVENUE, STE. 203
City-State-Zip: MARION IN 46952

Title MGRM
Name FIELDS, BRAD
Address 1800 N. WABASH AVENUE, STE. 203
City-State-Zip: MARION IN 46952

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: JEFFREY CLAYTON

MANAGER

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date