

**2019 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:**

WORKMAN, MICHAEL E  
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: MICHAEL E. WORKMAN**

**02/08/2019**

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**

**02/08/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date