



**Certificate of Occupancy**  
**Office of Zoning Administration**  
**CITY OF SHREVEPORT, LA**

**DATE OF ISSUANCE:** December 18, 2023

**CERTIFICATE NO:** 23-909-COC

*THIS CERTIFICATE IS ISSUED IN COMPLIANCE WITH THE PROVISIONS OF ALL ORDINANCES OF THE CITY OF SHREVEPORT PERTINENT THERETO:*

**NAME OF BUSINESS:** TOTAL HEALTH FAMILY MEDICINE, LLC  
**ADDRESS:** 2533 BERT KOUNS INDUSTRIAL LP STE 106  
**PHONE:** (318)-572-6606  
**TYPE OF BUSINESS:** MEDICAL OFFICE  
*(NOTE: MUST BE A USE LISTED IN THE ZONING ORDINANCE)*

**PROPERTY ZONED:** C-2

**CASE NO, IF APPLICABLE:** N/A

**REMARKS:**  
NOT A SEXUALLY ORIENTED BUSINESS

**EXPIRES, IF APPLICABLE:**

**OTHER COMMENTS:**

**OWNER OF BUSINESS:** LETATIA VANCE

A handwritten signature in blue ink, appearing to read "R. Jordan", written over a horizontal line.

**REGINALD P. JORDAN**

**ISSUING OFFICIAL (TYPED)**

**SIGNATURE OF ISSUING OFFICIAL**

*THIS CERTIFICATE IS NOT AN OCCUPATIONAL LICENSE (PLACE IN A CONSPICUOUS PLACE)*

**Certificate of Occupancy**  
**CITY OF SHREVEPORT, LA**  
**(KEEP FOR FUTURE REFERENCE)**

**CERTIFICATE NO:** 23-909-COC

**IF YOUR BUSINESS CLOSED DURING THE YEAR PLEASE NOTIFY: CITY OF SHREVEPORT, REVENUE DIVISION, P.O. BOX 30002, SHREVEPORT, LA 71130**

**A NEW CERTIFICATE OF OCCUPANCY MUST BE OBTAINED FROM THE ZONING OFFICE; AND IF A "LIQUOR LICENSE" WAS ISSUED, PLEASE NOTIFY THE SHREVEPORT POLICE DEPARTMENT, ABO OFFICE, IF ANY OF THE FOLLOWING OCCUR:**

1. CHANGE THE NAME OF THE BUSINESS
2. CHANGE OWNERSHIP
3. MOVE OR OPEN A NEW LOCATION
4. EXPAND SERVICES OR FACILITIES AT THE PRESENT LOCATION